


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # M99000000559	
1. Entity Name GMFS, L.L.C.	

Principal Place of Business 7389 FLORIDA BLVD., SUITE 200A BATON ROUGE, LA 70806	Mailing Address 7389 FLORIDA BLVD., SUITE 200A BATON ROUGE, LA 70806
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 72-1441479	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROWN, J. TERRELL JR 7389 FLORIDA BLVD., SUITE 200A BATON ROUGE, LA 70806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM D'ARMOND, THOMAS W 7389 FLORIDA BLVD., SUITE 200A BATON ROUGE, LA 70806
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BROWN, TERRELL SR. 7389 FLORIDA BLVD., SUITE 200A BATON ROUGE, LA 70806
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/19/05-80027-024 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Tom D'Armond* *Tom D'Armond* *1-14-05 225-214-5016*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #