


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 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**

**DO NOT WRITE IN THIS SPACE**



04172007 No Chg-LLC CR2E083 (11/05)

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

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, 2007**

U00000738477  
 05/11/07-80067-019 50.00

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Date: 4/26/07 Daytime Phone #: (225) 214-5016

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE