2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 11, 2005 8:00 am Secretary of State

DOCUMENT # L02000016721 1. Entity Name GAN66, LLC							04-11-2005 90050 017 ****50.00				
Principal Place	e of Business		Mailing Address		<u> </u>						
6654-78TH AVENUE NORTH Pinellas Park, FL 33781		6654-78TH AVENUE NORTH Pinellas Park, FL 33781			2002	28734					
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2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03222005	Chg-LLC	CR2E0	83 (10/03)				
City & State			City & State		4. FEI Number 56-238				plied For at Applicable		
Zip	С	ountry	Zip	Coun	try	5. Certificate	of Status Desired		\$5.00 Add Fee Required		
	6. Name and	Address of Current R	egistered Agent			7. Name and	Address of New	Registered A	gent		
COCKEY	PRESTON O	ID.			Name	ken.	Prest	0 ~c	IB		
COCKEY, PRESTON O JR. 201 N. FRANKLIN STREET- SUITE 2200 TAMPA, FL 33602					Street Addr	ress (P.O. Box Numb	er is Not Acceptab		#3	410	
					City 1			FL	Zip Code	θ	
8. The above	named entity sub	omits this statement for	the purpose of changing its	s register		gistered agent, or bo	th, in the State of F		33_	\bigcirc \bigcirc \bigcirc	
SIGNATURE .		. ago									
	Signature, typed or prin	nted name of registered agent an	d title if applicable. (NOT	TE: Registere	d Agent signature re	equired when reinstating)		DATE		- '''	
Fi D:	signature, typed or priviling Fee is \$ ue by May 1,	50.00	d title If applicable. (NOT	E: Registere	d Agent signature re	equired when reinstating)		DATE ike check p da Departm	-	9	
Fi De	iling Fee is \$	50.00		TE: Registere	d Agent signature re	equired when reinstating)	Florid	ike check p	ent of State	9	
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11. I hereby certify that the informetion 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 accorate 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: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/1/05

727-536-8686

Daytime Phone #