


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90020 022 ****50.00

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| DOCUMENT # L00000004847 |  |
| 1. Entity Name GOR-DEL ENTERPRISES, L.L.C. | |

| | |
|---|---|
| Principal Place of Business 381 BLUFF VIEW DRIVE BELLEAIR BLUFFS, FL 33770-1306 | Mailing Address 381 BLUFF VIEW DRIVE BELLEAIR BLUFFS, FL 33770-1306 |
|---|---|

20047779

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

03232005 Chg-LLC CR2E083 (10/03)

| | | |
|--|--|---|
| 4. FEI Number 59-3642230 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent SKALSKI, JOSEPH C 14010 ROOSEVELT BLVD., STE. 708 CLEARWATER, FL 33762 | | 7. Name and Address of New Registered Agent Name GORDON E. HALL Street Address (P.O. Box Number is Not Acceptable) 381 BLUFF VIEW DR City BELLEAIR BLUFFS FL Zip Code 33770 |

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 *Gordon E. Hall* (NOTE: Registered Agent signature required when reinstating) DATE _____

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

**Make check payable to
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HALL, GORDON E 381 BLUFF VIEW DRIVE BELLEAIR BLUFFS, FL 337701306 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HALL, DELORIS K 381 BLUFF VIEW DRIVE BELLEAIR BLUFFS, FL 337701306 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Gordon E. Hall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____