# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT # L0000006407

t. Entity Name G & T INVESTMENTS OF TALLAHASSEE, L.L.C.



Principal Place of Business

1610 TENNESSEE AVENUE LYNN HAVEN, FL 32444

Mailing Address

1610 TENNESSEE AVENUE LYNN HAVEN, FL 32444

# **FILED** Apr 22, 2004 08:00 AM Secretary of State



02162004 No Chg-LLC

CR2E083 (10/03)

A. FEI Number	 Applied For
<u>59-3657377</u>	Not Applicable
5. Certificate of Status Desired	\$5.00 Additional

#### DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TILLMAN, JEAN F 1610 TENNESSEE AVENUE LYNN HAVEN, FL 32444

SIGNATURE AND TYPED OF PRINT

### DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or bol	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and this if applicable	(NOTE Registered Agent signature required when reinstating)	DATE
	ling Fee is \$50.00 ue by May 1, 2004		U00000125379
9.	MANAGING MEMBERS/MANAGERS	·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TILLMAN, JEAN F 1610 TENNESSEE AVENUE LYNN HAVEN, FL 32444		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
THE NAME STREET ADDRESS CHY-ST-ZEP		IN '	THIS SPACE
RILE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not con this report is true and accurate and that my signature shalling company or the receiver or trustee empowered to execute	qualify for the exemption stated in Section 119.07(3) hall have the same legal effect as if made under out oute this report as required by Chapter 608, Florida	(i), Florida Statutes. I further certify that the information is, that I am a managing member or manager of the Statutes.

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE