2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Secretary of State DOCUMENT # L00000006448 03-02-2004 90142 047 ****50.00 1. Entity Name GB, L.L.C. 24012104 Principal Place of Business Mailing Address 1975 TAMIAMI TRAIL 1975 TAMIAMI TRAIL PUNTA GORDA, FL 33950 PUNTA GORDA, FL 33950 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232004 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number City & State Applied For 65-1021630 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Baillargeon, Linda BAILLARGEON, LINDA Street Address (P.O. Box Number is Not Acceptable) 119 COLONIAL ST SE <u>1428 Capricorn Blvd</u> PORT CHARLOTTE, FL 33952 City Zip Code 33983 Punta Gorda 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE Change ☐ Addition ☐ Delete TITLE MGRM BAILLARGEON, GILLES NAME NAME Baillargeon, Gilles 119 COLONIAL ST SE STREET ADDRESS STREET ADDRESS 1428 Capricorn Blvd CITY-ST-ZIP CITY-ST-ZIE PORT CHARLOTTE, FL 33952 PUnta Corda, FL 33983 MGRM Change TITI F ☐ Addition TITLE ☐ Delete MGRM. NAME BAILLARGEON, LINDA NAME Baillargeon, Linda STREET ADDRESS 119 COLONIAL ST SE STREET ADDRESS 1428 Capricorn Blvd PORT CHARLOTTE, FL 33952 CITY-ST-ZIP CITY-ST-7/P Punta Gorda, FL 33983 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Addition ☐ Delete -TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not quality 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.

ANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Mar 02, 2004 8:00 am