

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000006448**

1. Entity Name  
**GB, L.L.C.**



Principal Place of Business

**1975 TAMiami TRAIL  
PUNTA GORDA, FL 33950**

Mailing Address

**1975 TAMiami TRAIL  
PUNTA GORDA, FL 33950**



02082006No Chg-LLC

CR2ED83 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1021630**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BAILLARGEON, LINDA  
1428 CAPRICORN BLVD.  
PUNTA GORDA, FL 33983**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

000000406376  
03/23/06-80009-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BAILLARGEON, GILLES  
1428 CAPRICORN BLVD.  
PUNTA GORDA, FL 33983**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
BAILLARGEON, LINDA  
1428 CAPRICORN BLVD.  
PUNTA GORDA, FL 33983**

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

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

Date

Overtime Phone #

*Linda Baillargeon*  
**3/8/06 941-575-7575**