


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000008181		
1. Entity Name G.V., L.L.C.		
Principal Place of Business 14831 LAGUNA DRIVE FORT MYERS, FL 33908	Mailing Address PO BOX 116 SIOUX CITY, IA 51101	
DO NOT WRITE IN THIS SPACE		



02202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1027065	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, KIRBY JR. 14813 LAQUANA DRIVE #B-502 FORT MYERS, FL 33908	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000837465
03/04/08-80058-014 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHERMAN, STANLEY 14811 LAQUANA DRIVE #A-101 FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NATALE, CARL J 14813 LAGUANA DRIVE #602 FORT MYERS, FL 33908
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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: Stanley Sherman **STANLEY SHERMAN** 2-20-08 712-253 0157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #