

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000010815

1. Entity Name
G G LAND INVESTMENTS, LLC



Principal Place of Business
526 STOCKTON STREET
JACKSONVILLE, FL 32204

Mailing Address
526 STOCKTON STREET
JACKSONVILLE, FL 32204



02072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3671122

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOLBROOK, H. LEON
ONE INDEPENDENT DRIVE, STE 2301
JACKSONVILLE, FL 32202-5059

**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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PAINTER, ROGER W
524 STOCKTON ST.
JACKSONVILLE, FL 32204

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GAY, W.W.
524 STOCKTON ST.
JACKSONVILLE, FL 32204

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000240050
02/23/05-80015-006 50.00

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IN THIS SPACE**

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:

Roger W Painter

ROGER W PAINTER 2/18/2005 (904) 388-2696

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

Date

Daytime Phone #