


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90687 001 ****50.00

DOCUMENT # L00000015482	
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1. Entity Name GAIL INVESTMENTS, LLC	Principal Place of Business 4501 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103	Mailing Address 4501 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103
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2. Principal Place of Business 1048 STRIMENOS LANE Suite, Apt. #, etc.	3. Mailing Address 1048 STRIMENOS LANE Suite, Apt. #, etc.
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City & State LEESBURG, FL	City & State LEESBURG, FL
Zip 34748	Zip 34748
Country	Country




☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3688479 59-3688487	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent NAPLES-LAWDOCK, INC. 4501 TAMiami TRAIL NORTH SUITE 300 NAPLES, FL 34103

7. Name and Address of New Registered Agent	
Name GAIL GREGG - STRIMENOS	
Street Address (P.O. Box Number is Not Acceptable) 1048 STRIMENOS LANE	
City LEESBURG	FL Zip Code 34748

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.

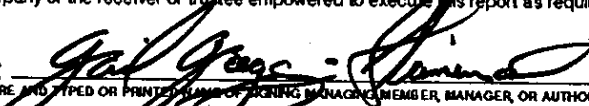
SIGNATURE  **DATE**

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE MGR	<input type="checkbox"/> Delete
NAME STRIMENOS, GAIL MS.	
STREET ADDRESS 1048 STRIMENOS LANE	
CITY-ST-ZIP LEESBURG, FL 34748	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 60B, Florida Statutes.

SIGNATURE:  **DATE** **Daytime Phone #**

CR2E083 (10/02)