2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# L00000015785

Entity Name: THE 4 G'S OF FLORIDA, L.C.

Current Principal Place of Business:

719 GLENGARRY DRIVE
MELBOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

719 GLENGARRY DRIVE
MELBOURNE, FL 32940

New Mailing Address:

FEI Number: 65-1070647 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GRAHAM, DAVID L
719 GLENGARRY DRIVE
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GRAHAM, DAVID L
Address: 719 GLENGARRY DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GRAHAM, DAVID L MGRM
Address: 719 GLENGARRY DRIVE
City-St-Zip: MELBOURNE, FL 32940 US

Title: CEO ( ) Change (X) Addition
Name: GRAHAM, DAVID L CEO
Address: 719 GLENGARRY DR
City-St-Zip: MELBOURNE, FL 32940 US

Title: PRES ( ) Change (X) Addition
Name: GRAHAM, DAVID L PRES
Address: 719 GLENGARRY DR
City-St-Zip: MELBOURNE, FL 32940 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID L GRAHAM MGRM 01/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date