

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001007

**FILED**  
**Mar 15, 2006**  
**Secretary of State**

**Entity Name:** GILBERT ENTERPRISES, L.L.C.

**Current Principal Place of Business:**

6593-9 POWERS AVENUE  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 551260  
JACKSONVILLE, FL 32255

**New Mailing Address:**

**FEI Number:** 59-3694316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHNEIDER, MICHAEL N  
5150 BELFORT ROAD, BUILDING 100  
JACKSONVILLE, FL 32256 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: MGR ( ) Delete  
Name: GILBERT, HARTLEY M  
Address: 6593-9 POWERS AVENUE  
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGRM ( ) Delete  
Name: GILBERT, RANDALL S  
Address: 6593-9 POWERS AVENUE  
City-St-Zip: JACKSONVILLE, FL 32217

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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:** HARTLEY M. GILBERT

MGR

03/15/2006

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