2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 08, 2004
Secretary of State

DOCUMENT# L01000003966

Entity Name: GAF LC

Current Principal Place of Business:

2835 S. US 1
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

PO BOX 551
PENNSAUKEN, NJ 08110

New Mailing Address:

FEI Number: 59-3722227 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHUMAN, EDWARD
2835 S US 1
FORT PIERCE, FL 34982 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/MEMBERS:

Title: MGRM ( ) Delete
Name: SHUMAN, EDWARD
Address: PO BOX 551
City-St-Zip: PENNSAUKEN, NJ 08110

Title: MGRM ( ) Delete
Name: SHUMAN, WENDY
Address: 2835 S. US 1
City-St-Zip: FT. PIERCE, FL 34982

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

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: SUNWORKS TRUST,
Address: P.O. BOX 551
City-St-Zip: PENNSAUKEN, NJ 08110 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDWARD SHUMAN MGRM 09/08/2004

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