

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007797

FILED  
May 06, 2008  
Secretary of State

**Entity Name:** GIBSON, KOHL-HELBIG, WOLFF & HRIC, P.L.

**Current Principal Place of Business:**

1800 SECOND ST  
SUITE 901  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

1800 SECOND ST  
SUITE 901  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 65-1106074

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIBSON, JAMES D  
1800 SECOND ST  
SUITE 901  
SARASOTA, FL 34236 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: GIBSON, JAMES D  
Address: 1800 SECOND ST. #901  
City-St-Zip: SARASOTA, FL 34236

Title: MGRM ( ) Delete  
Name: KOHL-HELBIG, LAUREN  
Address: 1800 SECOND ST. #901  
City-St-Zip: SARASOTA, FL 34236

Title: MGRM ( ) Delete  
Name: WOLFF, PHILLIP A  
Address: 1800 SECOND ST, STE 901  
City-St-Zip: SARASOTA, FL 34236

Title: MGRM ( ) Delete  
Name: HRIC, MICHAEL  
Address: 1800 SECOND ST, STE 901  
City-St-Zip: SARASOTA, FL 34236

Title: MRGM ( ) Delete  
Name: MARSHALL, DAVID B  
Address: 1800 2ND STREET, STE 901  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES:**

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

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

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

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 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: LAUREN KOHL-HELBIG

MGMR

05/06/2008

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