


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000007994  
 1. Entity Name  
 GANYMEAD, LLC



Principal Place of Business      Mailing Address  
 6375 WINDMERE RD.                      6375 WINDMERE RD.  
 BROOKSVILLE, FL 34602                      BROOKSVILLE, FL 34602

**DO NOT WRITE IN THIS SPACE**



01152007No Chg-LLC      CR2E083 (11/05)

4. FEI Number 03-0391313	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SPECIALE, ROBERT  
 6375 WINDMERE RD.  
 BROOKSVILLE, FL 34602

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPECIALE, ROBERT 31087 CORTEZ BLVD BROOKSVILLE, FL 34602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SALMON, CECIL T 31087 CORTEZ BLVD BROOKSVILLE, FL 34602
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 01/18/07-80073-020 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.

SIGNATURE: Robert Speciale      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE