


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2004 8:00 am
Secretary of State

03-30-2004 90067 024 ****50.00

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|---|---|
| DOCUMENT # L01000010585 1. Entity Name GSK, LC |  |
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|---|---|
| Principal Place of Business 17116 NEWPORT CLUB DR. BOCA RATON, FL 33496 | Mailing Address 17116 NEWPORT CLUB DR. BOCA RATON, FL 33496 |
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01132004 No Chg-LLC

CR2E083 (10/03)

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| 4. FEI Number 65-1152370 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent GARLICK, MICHAEL 17116 NEWPORT CLUB DR. BOCA RATON, FL 33496 | DO NOT WRITE IN THIS SPACE |
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

| | |
|--|---|
| 9. MANAGING MEMBERS/MANAGERS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GARLICK, MICHAEL <i>GARLICK</i> 17116 NEWPORT CLUB DRIVE BOCA RATON, FL 33496 |
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Michael Garlick* **1/19/04 561-999-0606**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #