

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90212 017 \*\*\*\*50.00

**DOCUMENT # L01000011154**

1. Entity Name  
**GGJ INVESTMENTS, LLC**

Principal Place of Business  
**1205 N.W. 27TH AVE.**  
**OCALA FL 34475**

Mailing Address  
**1205 N.W. 27TH AVE.**  
**OCALA FL 34475**

2. Principal Place of Business  
**1619 S.W. 76th Terrace**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1619 S.W. 76th Terrace**  
 Suite, Apt. #, etc.

City & State  
**Gainesville, FL**

City & State  
**Gainesville, FL**

4. FEI Number  
**59-3730773**

Applied For  
 Not Applicable

Zip Country  
**32607 U.S.**

Zip Country  
**32607 U.S.**

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BULLARD, WARREN**  
**18 N.W. THIRD AVE.**  
**OCALA FL 34475**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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.

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>BOOTHBY, GREGORY S</b> <b>1205 N.W. 27TH AVE.</b> <b>OCALA FL 34475</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>Gregory G. Liuzzo</b> <b>1619 S.W. 76th Terrace</b> <b>Gainesville, FL 32607</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Gregory G. Liuzzo* **Gregory G. Liuzzo** **5-1-02** **(352) 262-7000**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0041082

CR2E083 (9/01)

966135



DO NOT WRITE IN THIS SPACE