

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000011619

1. Entity Name
G & G CORAL INVESTMENTS, LLC



Principal Place of Business
**1919 NIGHTFALL DRIVE
NEPTUNE BEACH, FL 32266**

Mailing Address
**1919 NIGHTFALL DRIVE
NEPTUNE BEACH, FL 32266**



05012006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3744329

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRUBBS, DARYL
1919 NIGHTFALL DRIVE
NEPTUNE BEACH, FL 32266**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
G&G INVESTMENTS OF JACKSONVILLE LTD.
1919 NIGHTFALL DRIVE
NEPTUNE BEACH, FL 32266**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GRUBBS, DARYL
1919 NIGHTFALL DRIVE
NEPTUNE BEACH, FL 322661517**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
GRUBBS, AARON C
1919 NIGHTFALL DRIVE
NEPTUNE BEACH, FL 32266**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PADGETT, DONALD A
910A THIRD ST.
NEPTUNE BEACH, FL 32266**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000562581
05/19/06-80059-023 50.00

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IN THIS SPACE**

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: _____

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

4/2/06

Date

904-249-1776

Daytime Phone #