## **2006 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT (AR)** Mar 10, 2006 8:00 am Secretary of State DOCUMENT # L01000015654 1. Entity Name 03-10-2006 90128 009 \*\*\*\*50.00 GERBER REALTY CO. #1-302, LLC Principal Place of Business Mailing Address 7403 BAYSHORE DR 7403 BAYSHORE DR TREASURE ISLAND FL 33706 TREASURE ISLAND FL 33706 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State Applied For City & State 4. FEI Number NO-T APPLICABLE Not Applicable Zip Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GERBER, DONALD B Street Address (P.O. Box Number is Not Acceptable) 7403 BAYSHORE DR TREASURE ISLAND FL 33706 City 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. I am familiar with, and accept the obligations of registered agent. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. ☐ Change Addition Delete TITLE TITLE MGR NAME DONALD, GERBER B STREET ADDRESS STREET ADDRESS 7403 BAYSHORE DR #401 CITY-ST-ZIP SAINT PETERSBURG FL 33706 CITY-ST-7IP ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change Addition TITLE ☐ Delete TIRE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have been as in 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 record as required by practice. 2/22/06

STREET ADDRESS

CITY-ST-ZIP

Treasure Island, FL 33706 SIGNATURE: TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

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