


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

—FILED

Jan 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000018618 1. Entity Name GAR CO., LLC		
Principal Place of Business 1127 VISTA DEL MAR DELRAY BEACH FL 33483		Mailing Address 1127 VISTA DEL MAR DELRAY BEACH FL 33483
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.	3. Mailing Address Suite, Apt #, etc.	
City & State Zip Country	City & State Zip Country	
4. FEI Number 65-1154411		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 ROCKEFELLER, GODFREY A 1127 VISTA DEL MAR DELRAY BEACH FL 33483		
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		



1st MOORE CR2E083 (10/06)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

U00000611564
02/02/07-80068-018 50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM <input type="checkbox"/> Delete ROCKEFELLER, GODFREY A 1127 VISTA DEL MAR DELRAY BEACH FL 33483	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
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"/> Add/Ret
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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"/> Add/Ret

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 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.

Godfrey A. Rockefeller

SIGNATURE: *Godfrey A. Rockefeller* *1/20/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date (Optional) Phone #