


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90082 001 ****88.75
 05-07-2008 90082 002 ****50.00

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 # 401 E. Linton Blvd. Suite, Apt. #, etc. Apt. 217		3. Mailing Address 401 E. Linton Blvd. Suite, Apt. #, etc. Apt. 217		04302008 Chg-LLC CR2E083 (12/06)	
City & State Delray Beach, FL		City & State Delray Beach, FL			
Zip 33483-5001		Country USA		4. FEI Number 65-1154411	
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 Rockefeller, Godfrey A.		
			Street Address (P.O. Box Number is Not Acceptable) 401 E. Linton Blvd.		
			Apt. 217		
			City Delray Beach		FL
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 <u>Godfrey A. Rockefeller</u>			DATE <u>4/25/08</u>		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROCKEFELLER, GODFREY A	NAME			
STREET ADDRESS	1127 VISTA DEL MAR	STREET ADDRESS	401 E. Linton Blvd., Apt. 217		
CITY-ST-ZIP	DELRAY BEACH, FL 33483	CITY-ST-ZIP	Delray Beach, FL 33483-5001		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>Godfrey A. Rockefeller</u>			DATE: <u>4/25/08</u>		DAYTIME PHONE #: <u>561-272-7704</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #