## **2005 LIMITED LIABILITY COMPANY**

## May 04, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L01000020655** 05-04-2005 90035 036 \*\*\*\*50.00 1. Entity Name GARY 737, LLC Principal Place of Business Mailing Address 221 CE OSCEOLA ST. 221 SE OSCEOLA ST. STUART, FL 34994 STUART, FL 34994 01042005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0395535 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHELINIAM CACAMINING BUKENT CONEY DO NOT WRITE 221 SE OSCEOLA STREET STUART, FL 34994 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 prigations of registered agent. Filing Fee Is \$50.00 Due by May 1, 2005 9. MANAGING MEMBERS/MANAGERS **MGRM** TITLE NAME GARY, WILLIE E STREET ADDRESS 36 RIO VISTA DR. CITY-ST-7(P STUART, FL 34996 MGR TITLE NAME GARY, GLORIA R STREET ADDRESS 36 RIO VISTA DR. CITY-ST-7IP STUART, FL 34996 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 mysignature 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.

FILED

7**72:783** & Daytime Phone #