

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000021351

Entity Name: G. W. II, LLC

FILED  
Feb 20, 2004  
Secretary of State

## Current Principal Place of Business:

109 FELIPE LANE  
BONITA SPRINGS, FL 34134

## New Principal Place of Business:

## Current Mailing Address:

109 FELIPE LANE  
BONITA SPRINGS, FL 34134

## New Mailing Address:

FEI Number: 01-0629069

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WINDFELDT, GENE L  
109 FELIPE LANE  
BONITA SPRINGS, FL 34134

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: D ( ) Delete  
Name: WINDFELDT, MIKE  
Address: 6708 BENJAMIN RD SUITE 8000  
City-St-Zip: TAMPA, FL 33634

Title: T ( ) Delete  
Name: WINDFELDT, GREG  
Address: 3051 2ND STREET SOUTH  
City-St-Zip: SAINT CLOUD, MN 56301

Title: VPS ( ) Delete  
Name: WINDFELDT, STEVE  
Address: 3051 2ND STREET SOUTH  
City-St-Zip: SAINT CLOUD, MN 56301

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WINDFELDT, MIKE  
Address: 6708 BENJAMIN RD SUITE 8000  
City-St-Zip: TAMPA, FL 33634

Title: MGRM (X) Change ( ) Addition  
Name: WINDFELDT, GREG  
Address: 3051 2ND STREET SOUTH  
City-St-Zip: SAINT CLOUD, MN 56301

Title: MGRM (X) Change ( ) Addition  
Name: WINDFELDT, STEVE  
Address: 3051 2ND STREET SOUTH  
City-St-Zip: SAINT CLOUD, MN 56301

I hereby certify that the information supplied with this filing does not qualify for the 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 my electronic 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: GREG WINDFELDT

MGRM

02/20/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date