

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000007621

FILED
Apr 03, 2003
Secretary of State

Entity Name: G & M ENTERPRISES, LLC

Current Principal Place of Business:

8163 VILLAGE GREEN ROAD
ORLANDO, FL 32818 US

New Principal Place of Business:

1425 GLENHEATHER DR.
WINDERMERE, FL 34786 US

Current Mailing Address:

P.O. BOX 1933
WINDERMERE, FL 34786 US

New Mailing Address:

FEI Number: 01-0653235 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAY, TIMOTHY R
8163 VILLAGE GREEN ROAD
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

MAY, TIMOTHY R
1425 GLENHEATHER DR.
WINDERMERE, FL 34786 US

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:

04/03/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GOONEN, JEFFERY T
Address: 8163 VILLAGE GREEN ROAD
City-St-Zip: ORLANDO, FL 32818 US

Title: MGRM () Delete
Name: MAY, TIMOTHY R
Address: 8163 VILLAGE GREEN ROAD
City-St-Zip: ORLANDO, FL 32818 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOONEN, JEFFERY T
Address: 1425 GLENHEATHER DR.
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGRM (X) Change () Addition
Name: MAY, TIMOTHY R
Address: 1425 GLENHEATHER DR.
City-St-Zip: WINDERMERE, FL 34786 US

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: TIMOTHY R. MAY

MGRM

04/03/2003

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