

2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L02000011961

1. Entity Name  
GF PROPERTIES, LLC



Principal Place of Business  
1153 CACTUS CUT RD.  
MIDDLEBURG, FL 32068

Mailing Address  
1153 CACTUS CUT RD.  
MIDDLEBURG, FL 32068

**FILED**  
**Mar 09, 2004 08:00 AM**  
**Secretary of State**



01082004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
47-0869087

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fees Required

6. Name and Address of Current Registered Agent

QUINONEZ, SUZANNE C  
2747 BLANDING BLVD.  
MIDDLEBURG, FL 32068

**DO NOT WRITE  
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 obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

Filing Fee is \$50.00  
Due by May 1, 2004

U000000082285  
03/09/04-80023-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
PAULA M.B. GONZALEZ, TRUSTEE  
1153 CACTUS CUT RD.  
MIDDLEBURG, FL 32068

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
WILLIAM GONZALEZ, TRUSTEE  
1153 CACTUS CUT RD.  
MIDDLEBURG, FL 32068

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #