# 2005 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

DOCUMENT # L02000011961

1. Entity Name
GF PROPERTIES, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1153 CACTUS CUT RD.<br>MIDDLEBURG, FL 32068 | 1153 CACTUS CUT RD.<br>MIDDLEBURG, FL 32068 |

**DO NOT WRITE IN THIS SPACE**

01192005No Chg-LLC        CR2E083 (10/03)

| 4. FEI Number | Applied For |
|---|---|
| 47-0869087 | Not Applicable |

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

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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 reinstating)     DATE

**Filing Fee is $50.00
Due by May 1, 2005**

9.                    MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | PAULA M.B. GONZALEZ, TRUSTEE |
| STREET ADDRESS | 1153 CACTUS CUT RD. |
| CITY · ST · ZIP | MIDDLEBURG, FL 32068 |
| TITLE | MGRM |
| NAME | WILLIAM GONZALEZ, TRUSTEE |
| STREET ADDRESS | 1153 CACTUS CUT RD. |
| CITY · ST · ZIP | MIDDLEBURG, FL 32068 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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02/02/05-80087-018 50.00

**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: _Paula M.B. Gonzalez_     1/30/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE     Date     Daytime Phone #