

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90034 032 ****50.00

DOCUMENT # L02000022129

1. Entity Name
GFI-1, LLC



Principal Place of Business
560 BOSPHORUS AVENUE
TAMPA, FL 33606

Mailing Address
560 BOSPHORUS AVENUE
TAMPA, FL 33606

14002069



2. Principal Place of Business
101 S. Franklin St.

3. Mailing Address
101 S. Franklin St.

Suite, Apt. #, etc.
SUITE 101

Suite, Apt. #, etc.
SUITE 101

04132005 Chg-LLC CR2E083 (10/03)

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
56-2295856

Applied For
Not Applicable

Zip
33602

Country
USA

Zip
33602

Country
USA

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

6. Name and Address of Current Registered Agent

GARDNER, STEPHEN
220 S FRANKLIN STREET
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name J. Stephen Gardner
Street Address (P.O. Box Number is Not Acceptable)
101 S. FRANKLIN ST
SUITE 101
City TAMPA FL Zip Code 33602

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME GARDNER, J. STEPHEN II ☐ Delete
STREET ADDRESS 204 EDGEVIEW AVENUE
CITY-ST-ZIP BIRMINGHAM, AL 35209

TITLE MGR
NAME GARDNER, J. STEPHEN ☐ Delete
STREET ADDRESS 560 BOSPHORUS AVENUE
CITY-ST-ZIP TAMPA, FL 33606

TITLE MGR
NAME GARDNER, PETER J ☐ Delete
STREET ADDRESS 506-I S. OREGON AVENUE
CITY-ST-ZIP TAMPA, FL 33606

TITLE MGR
NAME GARDNER, TRUETT ☐ Delete
STREET ADDRESS 5407 S. RUSSELL STREET
CITY-ST-ZIP TAMPA, FL 33611

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 6606 BEVERLY AVENUE
CITY-ST-ZIP MCLEAN, VA 22101

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 5407 S. RUSSELL STREET
CITY-ST-ZIP TAMPA, FL 33611

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 501 S. NEWPORT
CITY-ST-ZIP TAMPA, FL 33606

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #