

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024163

Entity Name: L&M GBC, LLC

FILED
Apr 23, 2005
Secretary of State

Current Principal Place of Business:

5125 CASTELLO DRIVE
NAPLES, FL 34103

New Principal Place of Business:

223 DOLPHIN COVE CT.,
BONITA SPRINGS, FL 34135

Current Mailing Address:

5125 CASTELLO DRIVE
NAPLES, FL 34103

New Mailing Address:

223 DOLPHIN COVE CT.,
BONITA SPRINGS, FL 34135

FEI Number: 35-2195225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, JOE
5125 CASTELLO DRIVE
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

MILLER, LUCY
223 DOLPHIN COVE CT.,
BONITA SPRINGS, FL 34135 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: LUCY MILLER

04/23/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MILLER, LUCY
Address: 5125 CASTELLO DR.
City-St-Zip: NAPLES, FL 34103

Title: MGRM () Delete
Name: LOVELESS, STEVE
Address: 5125 CASTELLO DR.
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MILLER, LUCY
Address: 223 DOLPHIN COVE CT.,
City-St-Zip: BONITA SPRINGS, FL 34135

Title: MGRM (X) Change () Addition
Name: LOVELESS, STEVE
Address: 223 DOLPHIN COVE CT.,
City-St-Zip: NAPLES, FL 34135

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: LUCY MILLER

MGRM

04/23/2005

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