

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0042302

DOCUMENT # L02000025896

1. Entity Name  
**G & G LIFTS, L.L.C.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JAN 29 PM 4:17

Principal Place of Business: 1260 OGDEN RD., UNIT F, VENICE FL 34292  
Mailing Address: 1260 OGDEN RD., UNIT F, VENICE FL 34292



2. Principal Place of Business: 1260 OGDEN RD, UNIT F  
3. Mailing Address: 1260 OGDEN RD, Unit F

City & State: Venice FL

Zip: 34285 Country: Sarasota

CHECK HERE IF MAKING CHANGES

4. FEI Number Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
MILLER, EUGENE S  
1260 OGDEN RD., UNIT F  
VENICE FL 34292

7. Name and Address of New Registered Agent  
Name: Eugene S. Miller  
Street Address: 1260 OGDEN RD UNIT F  
City: Venice FL Zip Code: 34285

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: Eugene S. Miller DATE: 1-21-04

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

| 9. MANAGING MEMBERS / MANAGERS  |                                 |
|---|---------------------------------|
| TITLE: MGRM<br>NAME: FRITZ, EUGENE L<br>STREET ADDRESS: 1260 OGDEN RD., UNIT F<br>CITY-ST-ZIP: VENICE FL 34292  | <input type="checkbox"/> Delete |
| TITLE: MGRM<br>NAME: MILLER, EUGENE S<br>STREET ADDRESS: 1260 OGDEN RD., UNIT F<br>CITY-ST-ZIP: VENICE FL 34292 | <input type="checkbox"/> Delete |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                      | <input type="checkbox"/> Delete |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                      | <input type="checkbox"/> Delete |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____                                      | <input type="checkbox"/> Delete |

| 10. ADDITIONS / CHANGES  |   |
|--|---|
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 100028698561<br>02/13/04--01017--014 ***200.00                             |   |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: _____<br>NAME: _____<br>STREET ADDRESS: _____<br>CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**REINSTATEMENT** [Signature]

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: Eugene S. Miller DATE: 1-21-04 DAYTIME PHONE: 941-497-7179

CR2E083 (10/02)