

FILED
Jun 23, 2003 8:00 am
Secretary of State

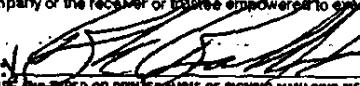
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**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

44004938

☐ CHECK HERE IF MAKING CHANGES

DOCUMENT # L02000029739					
1. Entity Name G.M., LLC					
Principal Place of Business 425 DOCKSIDE DRIVE #504 NAPLES, FL 34110			Mailing Address 425 DOCKSIDE DRIVE #504 NAPLES, FL 34110		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number APPLIED FOR				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				Additional Fee Required \$5.00	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MULL, GORDY 425 DOCKSIDE DRIVE #504 NAPLES, FL 34110				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when withdrawing)					
FEE NOW DUE: \$50.00 Make Check Payable to Florida Department of State Due By: May 1, 2003					
9. MANAGING MEMBERS/MANAGERS					
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
MULL, GORDY 425 DOCKSIDE DRIVE #504 NAPLES, FL 34110					
Delete ☐			Change ☐ Addition ☐		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
Delete ☐			Change ☐ Addition ☐		
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Delete ☐			Change ☐ Addition ☐		
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 606, Florida Statutes.					
SIGNATURE: 			BRUCE BALLARD		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 5/1/03 248-318 4503		