


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000030640 1. Entity Name GIBBFLIN, L.L.C.	
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Principal Place of Business 816 GAY FEATHER LANE VERO BEACH, FL 32963	Mailing Address P.O. BOX 3989 VERO BEACH, FL 32963
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DO NOT WRITE IN THIS SPACE



01132005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 57-1138221	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FENNELL, TODD W 979 BEACHLAND BLVD VERO BEACH, FL 32963	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

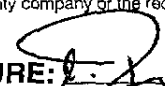
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GIBB, ROBERT 816 GAYFEATHER LANE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FLINCHUM, J. RUSSELL 816 GAYFEATHER LANE VERO BEACH, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FLINCHUM, RANDALL S 816 GAYFEATHER LANE VERO BEACH, FL 32963
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02/08/05-80028-021 50.00

**DO NOT WRITE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____