

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000030640

1. Entity Name  
GIBBFLIN, L.L.C.



Principal Place of Business  
816 GAY FEATHER LANE  
VERO BEACH, FL 32963

Mailing Address  
P.O. BOX 3989  
VERO BEACH, FL 32963



01262006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
57-1138221

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$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**

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 retaining)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000467661  
03/23/06-80053-015 \$0.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #