2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED Jan 11, 2007 08:00 AN Secretary of State

DOCU 1. Entity Nar G&C, LL		404 ′		Seci	retary of Stat
	ce of Business HINGTON ST. 33602	Mailing Address 701 E.WASHINGTON ST. TAMPA, FL 33602	- 1 2		
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				01022007 No Chg-LLC C 4. FEI Number 56-2317577 5. Certificate of Status Desired	R2E083 (11/05) Applied For Not Applicable
GREIWE, DONALD G 701 E.WASHINGTON ST. TAMPA, FL 33602			DO NOT WRITE IN THIS SPACE		
the obliga	e named entity submits this statement for illons of registered agent squature, typed or or med name of registered agent a liling Fee is \$50.00 ue by May 1, 2007		rêd office or register ed Agent agnature required	ed agent, or both, in the State of Florida. when refusiting)	i am famillar with, and accept
9. DITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBEI P GREIWE, DONALD G 701 E. WASHINGTON ST. TAMPA, FL 33602 ST CLARK, JAMES D	IS/MANAGERS	- 1	((0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0	571
STREET ADDRESS CITY-SI-ZIP INTLE NAME STREET ADDRESS CITY-SI-ZIP	701 E.WASHINGTON ST. TAMPA, FL 33602		t, dise septi	01/11/07-900 DO NOT WRI	
NAME STREET ADDRESS CITY-ST-ZIP TITLE				IN THIS SPAC	
MAME STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-ZIP	į			en e	" "
11. I hereby of indicated limited liab	certify that the information supplied with on this report if true and accurate and bility company or the receiver of truster	this filling does not qualify for the e that my signature shall have the sa empowered to execute this report	xemptions contained me legal effect as if as required by Chap	in Chapter 119, Florida Statutes. I furthe made under oath, that I am a managing iter 608, Florida Statutes.	r certify that the information member or manager of the