## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

FILED
Jul 15, 2005 08:00 AM
Secretary of State

ANNUAL REPORT				Jul 15, 2005 08:00 A	
	MENT # L0200003	2981		Secretai	ry of State
1. Entity Nam GARY M.	ne . MONTOUR, LLC	- •			
		<u> </u>			
1	e of Business	Mailing Address			
STE 2401	DENT DRIVE	1 INDEPENDENT DRIVE STE 2401			
JACKSONVILI	LE, FL 32202	IACKSONVILLE, FL 32202			LOGISE RELIGIO REGISTO (ULI CELE)
		,			
 				07062005No Chg-LLC CR2E08	33 (10/03)
DO NOT WRITE IN THIS SPACE			4. FEI Number	Applied For	
		-7.0	.*	NOT APPLICABLE \$	Not Applicable 5.00 Additional
		and the second s			ee Required
	6. Name and Address of Curre	nt Registered Agent		•	
MONTOUR, GARY M 1 INDEPENDENT DRIVE				DO NOT WRITE	
STE 2401			· ]	IN THIS SPACE	
JACKSON	IVILLE, FL 32202			IN THIS STACE	
8. The above	named entity submits this statement	for the purpose of changing its regis	stered office or register	red agent, or both, in the State of Florida I am far	miliar with, and accept
the obliga	tions of registered agent.		•		
SIGNATURE.	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE, Regi	stered Agent signature required	d when reinstaling) DATE	
Filing Fee is \$50.00 Due by September 7, 2005				000000372917 07/15/05-80003-002 50.00	
9.	MANAGING MEM	IBERS/MANAGERS	i i		
TITLE NAME	MGRM   MONTOUR, GARY M	-			
STREET ADDRESS	1 INDEPENDENT DR STE 240	01	- 1		
CITY-ST-ZIP	JACKSONVILLE, FL 32202		The state of the s	the same and a same and a same and a same a	
TITLE NAME					
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TITLE		<u> </u>			
NAME ATRICET ARRESEOS			İ		
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE	
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NAME STREET ADDRESS					
City-St-Zip				- T	1
TITLE NAME					
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CITY ST - ZIP		<u></u>		to the san implication than another than the same of t	
TITLE NAME	}		1		
STREET ADDRESS			ł		
CITY-SI-ZIP	portify that the information as a failed	illy this filing doos not much for the	avernation stated is Sa	potion (19 07/3Vi) Florida Statutas Liuther sertifi	, that the information
indicated limited lia	bertify that the information supplied w on this report is true and accurate a sbility company or the reserver or trus	nd that my signature shall have the s tee empowered to execute this repo	ame legal effect as if n t as required by Chap	otion 119.07(3)(i), Florida Statutes, I further certify nade under oath; that I am a managing member ter 608, Florida Statutes.	or manager of the