


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90014 015 ****50.00

DOCUMENT # L03000004165	
1. Entity Name G & B, LLC	

Principal Place of Business 4200 4TH STREET NORTH, SUITE D ST. PETERSBURG FL 33703	Mailing Address 4200 4TH STREET NORTH, SUITE D ST. PETERSBURG FL 33703
--	--

2. Principal Place of Business 11001 DANKA WAY N. Suite, Apt. #, etc. #3	3. Mailing Address 11001 DANKA WAY N. Suite, Apt. #, etc. #3
City & State ST. PETERSBURG, FL	City & State ST. PETERSBURG, FL
Zip 33716	Country USA

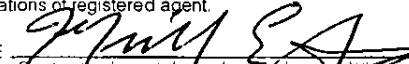


1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent BARGER, MICHAEL E 4200 4TH STREET NORTH, SUITE D ST. PETERSBURG FL 33703	
--	--

4. FEI Number 06-1676931	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--


5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

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 2-15-05

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARGER, MICHAEL E		NAME MICHAEL E. BARGER	
STREET ADDRESS 4200 4TH STREET NORTH, SUITE D		STREET ADDRESS 11001 DANKA WAY N. #3	
CITY-ST-ZIP ST. PETERSBURG FL 33703		CITY-ST-ZIP ST. PETERSBURG, FL 33716	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY-ST-ZIP 		CITY-ST-ZIP 	

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 608, Florida Statutes.

SIGNATURE: 	MICHAEL E. BARGER	2-15-05	727-520-774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #