



FILED
Apr 12, 2004 8:00 am
Secretary of State

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

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03-12-2004 90232 049 ****50.00

DOCUMENT # L03000007980			
1. Entity Name GGR I, LLC			
Principal Place of Business 24749 HARBOR VIEW DRIVE PONTE VEDRA BEACH, FL 32082 US		Mailing Address 24749 HARBOR VIEW DRIVE PONTE VEDRA BEACH, FL 32082 US	
2. Principal Place of Business		3. Mailing Address 140 North One Dr Suite B St Augustine, FL 32095	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
Country		Country	
4. FEI Number 02022004		Chg-LLC CR2E063 (10/03)	
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 PATTERSON BOND & LATSHAW, P.A. 3010 SOUTH THIRD STREET JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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 _____ <small>* Signature, typed or printed name of Registered Agent and ZIP # applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Please check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Member
STREET ADDRESS		STREET ADDRESS	140 B North One Dr
CITY-ST-ZIP		CITY-ST-ZIP	St Augustine, FL 32095
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Service One Development, Inc.
STREET ADDRESS		STREET ADDRESS	24749 Harbor View Dr
CITY-ST-ZIP		CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
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)(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: 		Date: 3/4/04 (904) 833-1900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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