


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # L03000007980</b><br>1. Entity Name<br>GGR I, LLC |  |
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| Principal Place of Business<br>24749 HARBOR VIEW DRIVE<br>PONTE VEDRA BEACH, FL 32082 US | Mailing Address<br>140 NORTH ONE DR<br>STE B<br>SAINT AUGUSTINE, FL 32095 US |
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01262005No Chg-LLC CR2E083 (10/03)

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| 4. FEI Number<br>33-1056173                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent<br><br>PATTERSON BOND & LATSHAW, P.A.<br>3010 SOUTH THIRD STREET<br>JACKSONVILLE BEACH, FL 32250 |
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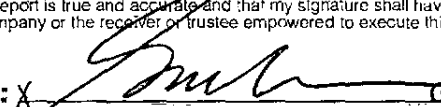
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| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |            |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>  | DATE _____ |

**Filing Fee is \$50.00  
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>SERVICE ONE DEVELOPMENT, INC<br>24749 HARBOUR VIEW DR<br>PONTE VEDRA BEACH, FL 32082 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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|---|
| 1000000244368<br>02/26/05-80018-008 50.00 |
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| 11. I hereby certify that the information supplied on 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:  Gary M. McCumber, member 2/3/05  | (904) 823-1900                      |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>   | <small>Date Daytime Phone #</small> |