

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000011883**

1. Entity Name

G & L ENTERPRISES OF THE FLORIDA KEYS 1, LLC



Principal Place of Business

5216 U.S. HIGHWAY 1  
KEY WEST, FL 33040

Mailing Address

5216 U.S. HIGHWAY 1  
KEY WEST, FL 33040

**DO NOT WRITE IN THIS SPACE**



04252005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-0036326

Applied For

Not Applicable

3. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HIGHSMITH, ROBERT E ESQ  
FELDMAN KOENIG & HIGHSMITH, P.A.  
3158 NORTHSIDE DR.  
KEY WEST, FL 33040

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

U00000346672  
04/30/05-80084-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	C-
NAME	GILBERT, MICHAEL E
STREET ADDRESS	5216 US 1
CITY-ST-ZIP	KEY WEST, FL 33040
TITLE	C-
NAME	LEMON, WL
STREET ADDRESS	5216 US 1
CITY-ST-ZIP	KEY WEST, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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:**

*WJ Funn*

*4/24/05*

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

Date

Daytime Phone #