## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT** DOCUMENT # L03000011863 1. Entity Name G & L ENTERPRISES OF THE FLORIDA KEYS 1, LLC Principal Place of Business Mailing Address 5216 U.S. HIGHWAY 1 5216 U.S. HIGHWAY 1 KEY WEST, FL 33040 KEY WEST, FL 33040

**FILED** Jun 19, 2006 08:00 A Secretary of State



## DO NOT WRITE IN THIS SPACE

05102006 No Chg-LLC CR2E083 (11/05)

	\$5.00	6 -1 -1 te2 1
65-0036326		Not Applicable
J. FEI Number		Applied For

5. Certificate of Status Desired

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

the obligations of registered agent.

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SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when remstating)	DATE
Fi) Due t	ing Fee is \$50.00 by September 6, 2006	•	
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C- GILBERT, MICHAEL E 5216 US 1 KEY WEST, FL 33040		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C- LEMON, WL 5216 US 1 KEY WEST, FL	•	U00000567378 06/19/06-80007-022 50.00
TITLE			UB/13/UB-8UUU1-UZZ 5U.UU
NAME Street address City - St - Zip		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature sibility company of the receiver or trustee empowered to exer	qualify for the exemptions contained in Chapter 1 all have the same legal effect as if made under coute this report as required by Chapter 608, Florid	19, Florida Statutes, I further certify that the information bath; that I am a managing member or manager of the da Statutes.

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