

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 07, 2004 8:00 am**  
**Secretary of State**


4/23/04  
 4/

04-23-2004 90015 011 \*\*\*\*50.00

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**DOCUMENT # L03000011884**

1. Entity Name  
**G & L ENTERPRISES OF THE FLORIDA KEYS 2, 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

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country



01072004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**65-0036326**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**HIGHSMITH, ROBERT E ESQ**  
**3158 NORTHSIDE DR.**  
**KEY WEST, FL 33040**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 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 \_\_\_\_\_  
Signature typed or printed name of registered agent and zip if applicable. NOTE: Registered Agent Signature required when identifying.

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>CO-OWNER</i> <i>Michael L. Gilbert</i> <i>5216 US 1</i> <i>Key West, FL 33040</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>CO-OWNER</i> <i>W. L. Loman</i> <i>5216 US 1 Key West</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 508, Florida Statutes.

SIGNATURE: *[Signature]* 4/20/04 305-294-6650

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #