2004 LIMITED LIABILITY COMPANY

FILED Apr 09, 2004 8:00 am Secretary of State

ANNUAL REPURI						Secretary or State				
DOCUMENT # L03000012862						04-09-2004	90214 02	26 ****5	0.00	
1. Entity Name										
GFB PROPERTIES, LLC										
			1							
Principal Place	e of Business	Mailing Address								
2336 S. EAST OCEAN BLVD., #366 STUART, FL 34996		2336 S. EAST OCEAN BLVD., #366 STUART, FL 34996				•				
2. Principal Pl	lace of Business	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01062004	Chg-LLC	CR2E08	· · · · ·		
City & State	9	City & State		4. FEI Num	ber 58-26673	57	_ 	pplied For ot Applicable		
Zip	Country	Zip	Country		5. Certificat	te of Status Desired		5.00 Add ee Require		
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New F	legistered Aç	jent		
LADT DD	IANI A		Name	9						
HART, BRIAN A RAFFERTY, HART, STOLZENBERG, ET AL 1401 BRICKELL AVE. SUITE 825			Stree	Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33131-0000										
					FL Zip Code					
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office	or register	red agent, or b	ooth, in the State of Flo	orida. Iam fa	miliar with,	and accept	
		•								
SIGNATURE.	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent sig	anature required	l when reinstating)		DATE			
Filing Fee is \$50.00 Due by May 1, 2004					Make check payable to Fiorida Department of State					
9.	MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS	/CHANGES	<u> </u>	# <u>\$1</u>	
TITLE		☐ Delete	TITLE	MGR	M			Change	Addition	
NAME			NAME STREET ADORES	103 -	ke, Ger	ald F				
STREET ADDRESS CITY-ST-ZIP					2336 S. East Ocean Blvd., #366					
TITLE		☐ Delete	TITLE		art, FI			☐ Change	☐ Addition	
NAME		□ Policio	NAME	}					—	
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TITLE NAME		☐ Delete	NAME						L. J 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 turther 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

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

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Delete

4/5/2004

772-463-1009

☐ Change

Addition

Daytime Phone #