


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90034 033 \*\*\*\*50.00

DOCUMENT # L03000013212			
1. Entity Name GFI-II, LLC			
Principal Place of Business 560 BOSPHORUS AVE. TAMPA, FL 33606		Mailing Address 560 BOSPHORUS AVE. TAMPA, FL 33606	
2. Principal Place of Business 101 S. Franklin St.		3. Mailing Address 101 S. Franklin St.	
Suite, Apt. #, etc. Suite 101		Suite, Apt. #, etc. Suite 101	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33602		Zip 33602	
Country USA		Country USA	
4. FEI Number 80-0058998		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GARDNER, J. STEPHEN 220 S. FRANKLIN ST. TAMPA, FL 33602		7. Name and Address of New Registered Agent Name J. Stephen Gardner Street Address (P.O. Box Number is Not Acceptable) 101 S. FRANKLIN ST. SUITE 101 City TAMPA FL Zip Code 33602	
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 <i>J. Stephen Gardner</i>		DATE 4/21/05	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARDNER, J. STEPHEN 220 S. FRANKLIN STREET TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 101 S. FRANKLIN ST. SUITE 101 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARDNER, J. STEPHEN II <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6606 BEUGLY AVENUE MELBON, VA 22011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARDNER, PETER J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5407 S. RUSSELL STREET TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARDNER, T. TRUETT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 501 S. NEWPORT TAMPA, FL 33606
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
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
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 608, Florida Statutes.			
SIGNATURE: <i>J. Stephen Gardner</i>		DATE 4/21/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	