2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 02, 2005 08:00 AM Secretary of State **DOCUMENT # L03000014793** 1. Entity Name GNK, L.L.C. Principal Place of Business Mailing Address 25 WALTER MARTIN RD NW 25 WALTER MARTIN RD NW FORT WALTON BEACH, FL 32548 FORT WALTON BEACH, FL 32548 04282005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 51-0462436 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GRIMSLEY, JAMES W DO NOT WRITE 25 WALTER MARTIN RD NE FORT WALTON BEACH, FL 32548 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 apolicable. (NOTE: Registered Agent signature required when reinstaling) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGR TITLE FUNDERBURK, KENNETH R STREET ADDRESS P.O. BOX 1268 CITY -ST-ZIP PHENIX CITY, AL 36868 NAME STREET ADDRESS CITY -ST - ZIP 05/04/05-80021-009 50.00 NAMÉ STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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:

TITLE

STREET ADDRESS CITY-ST-ZIP

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

29/05

Date

25 Y/297 -270 Daytime Phone ⊭

FILED