2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 01, 2008 8:00 am Secretary of State **DOCUMENT # L03000014793** 05-01-2008 90039 028 ***138.75 1. Entity Name GNK, L.L.C. Principal Place of Business Mailing Address 60037747 25 WALTER MARTIN RD NW P.O. BOX 1268 FORT WALTON BEACH, FL 32548 US PHENIX CITY, AL 36868 02072008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 51-0462436 \$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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME FUNDERBURK, KENNETH R STREET ADDRESS P.O. BOX 1268 CITY-ST-ZIP PHENIX CITY, AL 36868 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 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 TITLE NAME STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.

CITY-ST-ZIP

FILED