
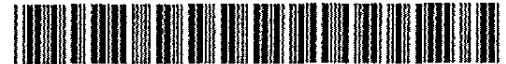


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000016214</b>		
1. Entity Name G.A.P., LLC		
Principal Place of Business 3050 ROGERS ROAD FORT PIERCE, FL 34981	Mailing Address 3050 ROGERS ROAD FORT PIERCE, FL 34981	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MOSHER, DALE 3050 ROGERS ROAD FORT PIERCE, FL 34981		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$50.00 Due by May 1, 2005		
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOSHER, DALE T 3050 ROGERS RD FORT PIERCE, FL 34981	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOSHER, ELIZABETH M 3050 ROGERS RD FORT PIERCE, FL 34981	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: <u>Dale T. Mosher</u> <u>Dale T. Mosher</u> Reg. Agent 4-20-05 772-359-8115		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



02212005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
32-0076420

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required