


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000016214</b> 1. Entity Name <b>G.A.P., LLC</b>	
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Principal Place of Business <b>3050 ROGERS ROAD</b> <b>FORT PIERCE, FL 34981</b>	Mailing Address <b>3050 ROGERS ROAD</b> <b>FORT PIERCE, FL 34981</b>
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03302006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>32-0076420</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MOSHER, DALE</b> <b>3050 ROGERS ROAD</b> <b>FORT PIERCE, FL 34981</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>MOSHER, DALE T</b> <b>3050 ROGERS RD</b> <b>FORT PIERCE, FL 34981</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>MOSHER, ELIZABETH M</b> <b>3050 ROGERS RD</b> <b>FORT PIERCE, FL 34981</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000530715 05/06/06-80005-019 55.00  <b>DO NOT WRITE IN THIS SPACE</b>
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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.		
<b>SIGNATURE:</b> <i>Dale T. Mosher</i>	<i>signing for G.A.P., LLC</i>	<i>4-20-06</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date
		Daytime Phone #