

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000016214 1. Entity Name G.A.P., LLC	
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Principal Place of Business 3050 ROGERS ROAD FORT PIERCE, FL 34981	Mailing Address 3050 ROGERS ROAD FORT PIERCE, FL 34981
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DO NOT WRITE IN THIS SPACE



03102007 No Chg-LLC CR2E083 (11/05)

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

6. Name and Address of Current Registered Agent  MOSHER, DALE 3050 ROGERS ROAD FORT PIERCE, FL 34981
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2007**

8. MANAGING MEMBERS/MANAGERS	
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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 04/03/07-80022-022 55.00

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.

**SIGNATURE:** *John S. Mosher* *Signifying For G.A.P.L.L.C* 772-359-8115  
3-21-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #