# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 05, 2005**
**Secretary of State**

DOCUMENT# L03000016504

**Entity Name:** GABBY'S PLACE, L.L.C.

**Current Principal Place of Business:**

6593-9 POWERS AVE.
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 551260
JACKSONVILLE, FL 32255

**New Mailing Address:**

**FEI Number: 41-2094324** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHNEIDER, MICHAEL N
5150 BELFORT RD., BLDG. 100
JACKSONVILLE, FL 32256 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete
Name: GILBERT, RANDALL
Address: 6593-9 POWERS AVENUE
City-St-Zip: JACKSONVILLE, FL 32217

Title: MGRM ( ) Delete
Name: GILBERT, HARTLEY
Address: 6593-9 POWERS AVENUE
City-St-Zip: JACKSONVILLE, FL 32217

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: SHARP, IV, ALEXANDER M
Address: P.O. BOX 233
City-St-Zip: INTERLACHEN, FL 32148

Title: MGRM (X) Change ( ) Addition
Name: ELY, JEANNIE L
Address: P.O. BOX 233
City-St-Zip: INTERLACHEN, FL 32148

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALEXANDER M. SHARP, IV MGRM 04/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date