

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000022609**  
 1. Entity Name  
**GATLIN, L.L.C.**



Principal Place of Business      Mailing Address  
 P.O. BOX 85                              P.O. BOX 85  
 WEST PALM BEACH, FL 33402      WEST PALM BEACH, FL 33402



02172006No Chg-LLC      CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0056977</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

JOHNSON, SCOTT A  
 505 S. FLAGLER DR, STE 1010  
 WEST PALM BEACH, FL 33401

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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	MGR
NAME	JOHNSON, RICHARD S JR
STREET ADDRESS	P.O. BOX 85
CITY-ST-ZIP	WEST PALM BEACH, FL 33402
TITLE	MGR
NAME	JOHNSON, SCOTT A
STREET ADDRESS	P.O. BOX 85
CITY-ST-ZIP	WEST PALM BEACH, FL 33402
TITLE	MGR
NAME	KOENIG, PATRICK C
STREET ADDRESS	P.O. BOX 85
CITY-ST-ZIP	WEST PALM BEACH, FL 33402
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/28/06-80047-020 50.00^M

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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.

**SIGNATURE:**      **3-3-06 561655-7200**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #