

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024060

Entity Name: GIBALTAR-LWR, LLC

FILED
Apr 16, 2009
Secretary of State

Current Principal Place of Business:

8470 ENTERPRISE CIRCLE
SUITE 300
BRADENTON, FL 34202 US

Current Mailing Address:

8470 ENTERPRISE CIRCLE
SUITE 300
BRADENTON, FL 34202 US

New Principal Place of Business:

8470 ENTERPRISE CIRCLE
SUITE 300
LAKEWOOD RANCH, FL 34202 US

New Mailing Address:

8470 ENTERPRISE CIRCLE
SUITE 300
LAKEWOOD RANCH, FL 34202 US

FEI Number: 04-3782823

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANCHEZ, ALBERT A JR.
8470 ENTERPRISE CIRCLE
SUITE 300
BRADENTON, FL 34202 US

Name and Address of New Registered Agent:

SANCHEZ, ALBERT A JR.
8470 ENTERPRISE CIRCLE
SUITE 300
LAKEWOOD RANCH, FL 34202 US

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: ALBERT A. SANCHEZ, JR.

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GIBALTAR CAPITAL CORP.
Address: 8470 ENTERPRISE CIRCLE, SUITE 300
City-St-Zip: BRADENTON, FL 34202 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GIBALTAR CAPITAL CORP.
Address: 8470 ENTERPRISE CIRCLE, SUITE 300
City-St-Zip: LAKEWOOD RANCH, FL 34202 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ALBERT A. SANCHEZ, JR.

M

04/16/2009

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