

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029775

FILED
Jan 08, 2004
Secretary of State

Entity Name: G.K.G. ENTERPRISES, LLC

Current Principal Place of Business:

8381 FAIRHILL DRIVE
WEEKI WACHEE, FL 34613

New Principal Place of Business:

8486 ATHENS COURT
WEEKI WACHEE, FL 34613

Current Mailing Address:

8381 FAIRHILL DRIVE
WEEKI WACHEE, FL 34613

New Mailing Address:

8486 ATHENS COURT
WEEKI WACHEE, FL 34613

FEI Number: 15-1365540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARROW, JAMES
1311 N. WEST SHORE BLVD., #205
TAMPA, FL 33607 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: GRAY, GARY W
Address: 8381 FAIRHILL DRIVE
City-St-Zip: WEEKI WACHEE, FL 34613

Title: MGRM () Delete
Name: GRAY, KAREN M
Address: 8381 FAIRHILL DRIVE
City-St-Zip: WEEKI WACHEE, FL 34613

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GRAY, GARY W
Address: 8486 ATHENS COURT
City-St-Zip: WEEKI WACHEE, FL 34613

Title: MGRM (X) Change () Addition
Name: GRAY, KAREN M
Address: 8486 ATHENS COURT
City-St-Zip: WEEKI WACHEE, FL 34613

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: GARY W. GRAY

MR

01/08/2004

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