2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# L03000030337

Entity Name: GARY INTERNATIONAL CONSULTATION, LLC

Current Principal Place of Business:

5481 S. MAGNOLIA AVENUE
OCALA, FL 34474

New Principal Place of Business:

5841 S. MAGNOLIA AVENUE
OCALA, FL 34474

Current Mailing Address:

5481 S. MAGNOLIA AVENUE
OCALA, FL 34474

New Mailing Address:

5841 S. MAGNOLIA AVENUE
OCALA, FL 34474

FEI Number: 20-0162632 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARKIN, MARSHALL H
149 S. RIDGEWOOD AVE., SUITE 710
DAYTONA BEACH, FL 32114 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: GARY, FAYE DR.
Address: 5481 S. MAGNOLIA AVENUE
City-St-Zip: OCALA, FL 34474

Title: MGRM ( ) Delete
Name: GARY, HOMER
Address: 5481 S. MAGNOLIA AVENUE
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GARY, FAYE DR.
Address: 5841 S. MAGNOLIA AVENUE
City-St-Zip: OCALA, FL 34474

Title: MGRM (X) Change ( ) Addition
Name: GARY, HOMER
Address: 5841 S. MAGNOLIA AVENUE
City-St-Zip: OCALA, FL 34474

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: HOMER GARY MGRM 04/26/2005

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