


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90039 048 \*\*\*\*50.00

14007403



<b>DOCUMENT # L03000034033</b>		
1. Entity Name GVLE-SITES, L.L.C.		

Principal Place of Business 4609 NW 6TH STREET, #B3 GAINESVILLE, FL 32609	Mailing Address 4609 NW 6TH STREET, #B3 GAINESVILLE, FL 32609
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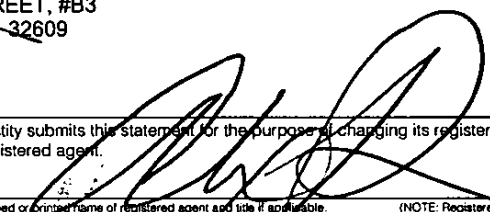
2. Principal Place of Business 4609 NW 6th street Suite, Apt. #, etc. #B3	3. Mailing Address 6921 NW 22nd street Suite, Apt. #, etc.
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City & State Gainesville, FL	City & State Gainesville, FL	4. FEI Number 02-0708285	Applied For <input type="checkbox"/> Not Applicable
Zip 32653	Country Alachua	Zip 32653	Country Alachua

04252005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent CHESHIRE, LARRY H 4609 NW 6TH STREET, #B3 GAINESVILLE, FL 32609		7. Name and Address of New Registered Agent Name Alex Reece Street Address (P.O. Box Number is Not Acceptable) 6921 NW 22nd street City Gainesville FL Zip Code 32653	
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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.

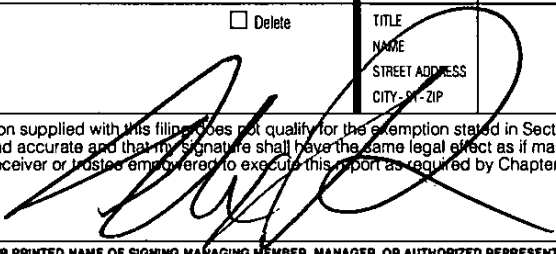
SIGNATURE  DATE 4/25/05

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REECE, ALEXANDER 1912 NW 67TH PLACE GAINESVILLE, FL 32653 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Reece Alexander 6921 NW 22nd street Gainesville, FL 32653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHESHIRE, LARRY H 4609 B-3 NW 6TH STREET GAINESVILLE, FL 32609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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:  DATE 4/25/05 DAYTIME PHONE (352) 225-8857

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE