

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000035355**

1. Entity Name  
**GPSJR, LLC**



Principal Place of Business  
**1341 SOUTH WEST CASTLE HEIGHTS TERRACE  
 LAKE CITY, FL 32025**

Mailing Address  
**PO BOX 1565  
 LAKE CITY, FL 32056**

**DO NOT WRITE IN THIS SPACE**



04262008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>NOT APPLICABLE</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

**SUMMERS, GORDON P JR  
 1341 SOUTH WEST CASTLE HEIGHTS TERRACE  
 LAKE CITY, FL 32025**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUMMERS, GORDON P JR 1341 SW CASTLE HTS TERRACE LAKE CITY, FL 32025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1000000909000  
 05/21/08-80088-016 138.75

**DO NOT WRITE IN THIS SPACE**

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:** *Gordon Summers, Jr.*      **4-26-08**      **386-758-0540**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #