## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - 3

## Mar 10, 2004 8:00 am Secretary of State DOCUMENT # L03000038188 02-25-2004 90285 004 \*\*\*\*50 00 GBP INVESTMENTS, LLC Principal Place of Business Mailing Address 824 PHEASANT RUN COURT WEST 824 PHEASANT RUN COURT WEST PORT ORANGE FL 32127 34001335 PORT ORANGE FL 32127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 20-0298587 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GALBREATH, BRENDAN Street Address (P.O. Box Number is Not Acceptable)-824 PHEASANT RUN COURT WEST PORT ORANGE FL 32127 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Managino Menter to TITLE ☐ Delete ☐ Change ■ Addition NAME Brengen Galbreuth . h 824 Measant Am Ct h NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP Port Garge, FL 3447 CITY-ST-ZIP TITLE rinciple no Goffta Delete ☐ Change ■ Addition NAME 763 Stemart Ave STREET ADDRESS STREET ADDRESS + Orange, FL 32117 CITY-ST-ZIP CITY-ST-ZIP To fffy As Trustee of the Delete Profiffy Rerocable Trust TITLE ☐ Change ☐ Addition NAME Pheasant Aun Ctor NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP: tOrange-FL-3/11 CITY-ST-ZIP .... Principle 3 As Trustee of the James in Paytos James by Paytos As Trustee of the James in Paytos James and Paytos James in Programment of the Trust TITLE TITLE ☐ Addition ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition \* Diane Bar Mer NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-782 CITY-ST-ZIP TILLE Delete TITLE Toresth I vestments LLC ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. *ユフ*ロリ

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