

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90020 021 ****50.00

DOCUMENT # L03000038188

1. Entity Name
GBP INVESTMENTS, LLC



Principal Place of Business
**824 PHEASANT RUN COURT WEST
PORT ORANGE, FL 32127**

Mailing Address
**824 PHEASANT RUN COURT WEST
PORT ORANGE, FL 32127**



02072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0298587

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

8. Name and Address of Current Registered Agent

**GALBREATH, BRENDAN
824 PHEASANT RUN COURT WEST
PORT ORANGE, FL 32127**

**DO NOT WRITE
IN THIS SPACE**

9. 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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALBREATH, BRENDAN 824 PHEASANT RUN CT W PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRIN GAFFKA, BRUCE & ANN 5763 STEWART AVE PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRIN GAFFKA, ERIC 460 PHEASANT RUN CT PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRIN PAYTAS, JAMES 80 HIGH POINT DR PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRIN BARKER, RICH & DIANE 5967 BAGGSFORD RD PORT ORANGE, FL 32127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRIN GOLDBREATH INVESTMENTS LLC 824 PHEASANT RUN CT W PORT ORANGE, FL 32127

**DO NOT WRITE
IN THIS SPACE**

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