FILED 2006 LIMITED LIABILITY COMPANY Jan 09, 2006 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # L03000038323 01-09-2006 90049 008 ***150.00 1. Entity Name G&M PRICE, L.L.C. Principal Place of Business Mailing Address CIUUUUUA 9722 COMMERCE CENTER COURT 9722 COMMERCE CENTER COURT FORT MYERS, FL 33908 FORT MYERS, FL 33908 01052006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 41-2111454 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **BOLANOS TRUXTON, P.A.**

12800 UNIVERSITY DRIVE, SUITE 350

FT. MYERS, FL 33907

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HAME OF SH

DC	NOT	WRITE	_
IN	THIS	SPACE	

116106

Applied For

Not Applicable

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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				
Signature, typind of protein higher objectstered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
Filing Fee is \$50.00 Due by May 1, 2006				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRICE, GARY 9722 COMMERCE CENTER COURT FORT MYERS, FL 33908			
TITLE Name Street address City-St-Zip				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-SI-ZIP				
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.				