


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000040910</b> 1. Entity Name GM MANAGEMENT, LLC	
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Principal Place of Business 140B NORTH ONE DRIVE SAINT AUGUSTINE, FL 32095 US	Mailing Address 140B NORTH ONE DRIVE SAINT AUGUSTINE, FL 32095 US
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**DO NOT WRITE IN THIS SPACE**



01262005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0349332	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MEINERS, LOUIS M JR.  
200 AVIATION DRIVE  
SUITE 2  
NAPLES, FL 34104

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

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCUMBER, GARY 140B NORTH ONE DRIVE SAINT AUGUSTINE, FL 32095
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03/25/05-80043-013 50.00

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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: Gary McCumber  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

X 3/10/05 (904) 823-1900  
Date Daytime Phone #

Gary McCumber, Manager