#### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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### **DOCUMENT # L03000044519**

1. Entity Name JOHN V. GILBERT, LLC



Principal Place of Business

26 E.J. STRINGER RD CRAWFORDVILLE, FL 32327 Mailing Address

26 E.J. STRINGER RD CRAWFORDVILLE, FL 32327

## FILED Apr 17, 2007 8:00 am Secretary of State

04-17-2007 90249 009 \*\*\*\*55.00

60037542



04092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 32-0098274

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GILBERT, JOHN V 26 E.J. STRINGER RD CRAWFORDVILLE, FL 32327

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	bove named entity submits this statement for the purpose of cha oligations of registered agent.	anging its registered office or registered agent, or both, in the S	State of Florida. I am familiar with, and accept
SIGNATU	JRE		
	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		

#### 1579 SHELL POINT ROAD 26 F. J. STRINGERRO GILBERT, JOHN V NAME STREET ADDRESS CRAWFORDVILLE, FL 32327 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP MLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filling 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 path, 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:

for N solu

John V. Gilbert

04/09/07

450-926-592

de

Daytime Phone #