

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052153

Entity Name: G & E ENTERPRISES, LLC

FILED  
Mar 24, 2005  
Secretary of State

## Current Principal Place of Business:

981 HWY 98 EAST  
#3-260  
DESTIN, FL 32541 US

## New Principal Place of Business:

## Current Mailing Address:

981 HWY 98 EAST  
#3-260  
DESTIN, FL 32541 US

## New Mailing Address:

FEI Number: 20-0466305

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURLESON, ESTA G  
981 HWY 98 EAST  
#3-260  
DESTIN, FL 32541 US

## Name and Address of New Registered Agent:

BURLESON, ESTA G  
971 GOLDSBY ROAD  
SANTA ROSA BEACH, FL 32459 US

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.

SIGNATURE: ESTA G BURLESON

03/24/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: BURLESON, ESTA G  
Address: 372 BLUEFISH DRIVE #105  
City-St-Zip: FT WALTON BEACH, FL 32548 US

Title: MGR ( ) Delete  
Name: KINGSTON, GEORGE R  
Address: 5 ARDMORE SQUARE  
City-St-Zip: ATLANTA, GA 30309 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BURLESON, ESTA G  
Address: 971 GOLDSBY ROAD  
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ESTA G BURLESON

MGR

03/24/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date