

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90095 037 \*\*\*\*50.00

**20003165**



01182005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L03000054558</b> 1. Entity Name GBS LLC					
Principal Place of Business 2618 TINOSA CIRCLE PENSACOLA, FL 32526			Mailing Address 2618 TINOSA CIRCLE PENSACOLA, FL 32526		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-0545210</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR		TITLE		
NAME	VIATOR, STUART J		NAME		
STREET ADDRESS	2618 TINOSA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP		
TITLE	MGR		TITLE		
NAME	VINKE, BRADLEY A		NAME		
STREET ADDRESS	2618 TINOSA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP		
TITLE	ST		TITLE		
NAME	VINKE, GEARLD L		NAME		
STREET ADDRESS	2618 TINOSA CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32526		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u>Stuart J Viator</u> <b>1-19-05</b> <b>850-428-7091</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					