

FILED
May 23, 2005 8:00 am
Secretary of State

04-28-2005 90035 030 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000000767					
1. Entity Name GNO INVESTORS, LLC					
Principal Place of Business 4940 SOUTHFORK DRIVE LAKELAND, FL 33813			Mailing Address 4940 SOUTHFORK DRIVE LAKELAND, FL 33813		
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 20-0591072	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent BEASLEY, DENNIS E 4940 SOUTHFORK DRIVE LAKELAND, FL 33813				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DRUEN, DAN 3383 TURNBERRY LANE LAKELAND, FL 33803	☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MEISNER, JOHN 925 N. MASSACHUSETTS AVENUE LAKELAND, FL	☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HARWELL, DOUGLASS K JR. 3202 SILVERFOX PATH LAKELAND, FL 33810	☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GODDARD, JOHN D JR. P.O. BOX 90543 LAKELAND, FL 338040543	☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CROWDER, ROBERT (ROB)_ E III 5509 LAPOINT DRIVE LAKELAND, FL 33809	☐ Delete ☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM VANDEVELDE, JAMES R 234 GREENWICH STREET DAVENPORT, FL 338968889	☐ Delete ☐ Change ☐ Addition			
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: <u>Dennis E. Beasley</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			4-26-05 (862) 646-1393 Date Daytime Phone #		

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