


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90049 048 ****50.00

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 <table border="1" style="float: right; width: 100px;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>		Applied For	Not Applicable
Applied For							
Not Applicable							
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04192006 Chg-LLC CR2E083 (11/05)			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BEASLEY, DENNIS E 4940 SOUTHFORK DRIVE LAKELAND, FL 33813			Name Street Address (P.O. Box Number is Not Acceptable) City <table border="1" style="float: right; width: 100px;"> <tr> <td>FL</td> <td>Zip Code</td> </tr> </table>			FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$50.00 Due by May 1, 2006		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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEASLEY, DENNIS 4940 SOUTHFORK DR. LAKELAND, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEISNER, JOHN 925 N. MASSACHUSETTS AVENUE LAKELAND, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DELOACH, FRED 4307 SHADOW PLANE SW WINTER HAVEN, FL 33880	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARWELL, DOUGLASS K JR. 3202 SILVERFOX PATH LAKELAND, FL 33810	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TUBB, JOHN 515 TIFFANY TERRACE LAKELAND, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GODDARD, JOHN D JR. P.O. BOX 90543 LAKELAND, FL 338040543	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, ED 1811 CHAIL TRAIL LAKELAND, FL 33816	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROWDER, ROBERT (ROB)_ E III 5509 LAPOINT DRIVE LAKELAND, FL 33809	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORT, GEORGE 2249 EAST MEADOWS COURT LAKELAND, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANDELDE, JAMES R 234 GREENWICH STREET DAVENPORT, FL 338968889	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, MATTHEW 5319 SANDRA WAY LAKELAND, FL 33813	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing 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 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>			Date: <u>4-19-06</u> (863) 646-1393				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #				