2005 LIMITED LIABILITY COMPANY

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

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Jul 05, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L04000005341** 1. Entity Name GAMBLE, LLC 07-05-2005 90002 040 ****50.00 Principal Place of Business Mailing Address 1237 N. 20 TH ST 1237 N. 20 TH ST DEFUNIAK SPGS, FL 32433 DEFUNIAK SPGS, FL 32433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06292005 CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 7-0382410 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GAMBLE, L C Street Address (P.O. Box Number is Not Acceptable) 1237 N 20TH ST. DEFUNIAK SPGS, FL 32433 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. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by September 7, 2005 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Channe Addition GAMBLE, L.C. NAME NAME 1237 N 20TH ST STREET ADDRESS STREET ADDRESS CITY-ST-7IP DEFUNIAK SPGS, FL 32433 CITY-ST-7IP □ Detete TITLE MILE. ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P COY-ST-ZP πпе ☐ Delete TIT) F Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

TITLE

NAME

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