## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L04000017874**

1. Entity Name

GILBERT-LIF PROPERTIES LLC



FILED Feb 09, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

6189 VISTA LINDA LANE BOCA RATON, FL 33433 6189 VISTA LINDA LANE BOCA RATON, FL 33433



02062007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
06-1721246		Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Re	Additional quired

6. Name and Address of Current Registered Agent

GILBERT, SARA L 6189 VISTA LINDA LANE BOCA RATON, FL 33433

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and acce
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstalling)	DATE
F	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		· · · · · · · · · · · · · · · · · · ·
TITLE	MGRM		
NAME	GILBERT, JAMES W		
STREET ADDRESS	6189 VISTA LINDA LANE		
CITY-ST-ZIP	BOCA RATON, FL 33433		
TITLE	MGRM		
NAME	GILBERT, SARA L		
STREET ADDRESS	6189 VISTA LINDA LANE	l l	
CITY-ST-ZIP	BOCA RATON, FL 33433		
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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 receive) or trustee empowered be execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE