2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# L04000030680

Entity Name: THE GP GROUP LLC

Current Principal Place of Business:

387 HALLCREST TERRACE
PORT CHARLOTTE, FL 33954 US

New Principal Place of Business:

Current Mailing Address:

387 HALLCREST TERRACE
PORT CHARLOTTE, FL 33954 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, LINDA
387 HALLCREST TERRACE
PORT CHARLOTTE, FL 33954 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGR	( ) Delete
Name:	WILSON, LINDA	
Address:	387 HALLCREST TERRACE	
City-St-Zip:	PORT CHARLOTTE, FL 33954 US	
Title:	MGR	( ) Delete
Name:	WILSON, DONALD R	
Address:	387 HALLCREST TERRACE	
City-St-Zip:	PORT CHARLOTTE, FL 33954 US	
Title:	MGR	( ) Delete
Name:	BELL, PATRICIA G	
Address:	2339 CONWAY BLVD.	
City-St-Zip:	PORT CHARLOTTE, FL 33952 US	
Title:	MGR	( ) Delete
Name:	BELL, TIMOTHY E	
Address:	2339 CONWAY BLVD.	
City-St-Zip:	PORT CHARLOTTE, FL 33952 US	
Title:	MGR	( ) Delete
Name:	BELL, JEFFREY	
Address:	310 HOWARD STREET	
City-St-Zip:	PUNTA GORDA, FL 33950 US	
Title:	MGR	( ) Delete
Name:	BELL, RACHEL A	
Address:	310 HOWARD STREET	
City-St-Zip:	PUNTA GORDA, FL 33950 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DONALD R. WILSON MGR. 04/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date