

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-30-2006 90194 045 ****50.00

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1st MOORE CR2E083 (10/05)

DOCUMENT # L04000032248 1. Entity Name GARTNERS PROPERTIES, LLC																													
Principal Place of Business 939 NORTH MAGNOLIA AVE. STE. B OCALA FL 34475			Mailing Address 939 NORTH MAGNOLIA AVE. STE. B OCALA FL 34475																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		4. FEI Number 20-4652385 Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent GARTNER, JOHN MICHAEL 10475 SE 95TH TERR. BELLEVUE FL 34420																									
7. Name and Address of New Registered Agent Name GARTNER, JOHN MICHAEL Street Address (P.O. Box Number is Not Acceptable) 939 NORTH MAGNOLIA AVE City OCALA State FL Zip Code 34475				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 JOHN MICHAEL GARTNER DATE 3/27/06 <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when translating)</small>																									
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GARTNER, JOHN MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>10475 SE 95TH TERR</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>BELLEVUE FL 34420</td> <td></td> </tr> </table>			TITLE	MGRM	<input checked="" type="checkbox"/> Delete	NAME	GARTNER, JOHN MICHAEL		STREET ADDRESS	10475 SE 95TH TERR		CITY- ST- ZIP	BELLEVUE FL 34420		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GARTNER, JOHN MICHAEL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>939 NORTH MAGNOLIA AVE.</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>OCALA, FL 34475</td> <td></td> </tr> </table>			TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	GARTNER, JOHN MICHAEL		STREET ADDRESS	939 NORTH MAGNOLIA AVE.		CITY- ST- ZIP	OCALA, FL 34475	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: MGRM JOHN MICHAEL GARTNER DATE 3/26/06 DAYTIME PHONE 352-677-7773 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													