



FILED
May 11, 2007 8:00 am
Secretary of State

04-16-2007 90533 001 ***150.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000033777			
1. Entity Name G.M. DAYTONA 2000, LLC			
Principal Place of Business 43 S. ATLANTIC AVENUE DAYTONA BEACH, FL 32118		Mailing Address 43 S. ATLANTIC AVENUE DAYTONA BEACH, FL 32118	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MYARA, GILBERT 43 S. ATLANTIC AVENUE DAYTONA BEACH, FL 32118		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 resigning) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MYARA, GILBERT 43 S. ATLANTIC AVENUE DAYTONA BEACH, FL 32118 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: X  MGR		X 4/12/07 X 386-239-8334	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE GILBERT MYARA		Date Daytime Phone #	

30007396



04042007 Chg-LLC CR2E083 (12/08)

JOSEPH A. ROTH, P.A., CPA
1617 Ridgewood Ave.
Holly Hill, FL 32117

ATTACHMENT

30007396

PHONE 386-677-3104
FAX 386-677-0335

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FL040800377 MAY 7, 2007

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TO: FLORIDA DEPT OF STATE
DIV OF CORPORATIONS
P.O. BOX 6478
TALLAHASSEE, FL 32314

RE: ANNUAL REPORTS FOR LLC'S

YOUR 9/08/06 LETTERS, COPIES ENCLOSED

ENCLOSED ARE CORRECTED-ANNUAL REPORTS FOR THE FOLLOWING
LLC'S:

G.M.DAYTONA 2000, LLC
GKM INVESTMENTS, LLC.
GILOU & KIKA INVESTMENTS, LLC.

THE REPORTS HAVE BEEN SIGNED BY GILBERT MYARA WHO IS THE
MANAGER & SOLE OWNER OF THE LLC'S.

SINCERELY YOURS,



CC: GILBERT MYARA