


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000034838</b> 1. Entity Name GILL BROTHERS REALTY, LLC	
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Principal Place of Business 4900 SOUTH DAVIE ROAD DAVIE, FL 33314	Mailing Address 4900 SOUTH DAVIE ROAD DAVIE, FL 33314
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**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2520083	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

BALDOVIN, PAUL A JR.  
BUTZEL LONG, P.C.  
1200 NORTH FEDERAL HIGHWAY, SUITE 420  
BOCA RATON, FL 33432

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

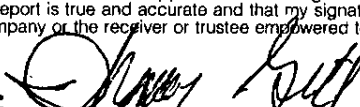
000000776726  
01/09/08-80035-023 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILL, HULLY R 4900 SOUTH DAVIE ROAD DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GILL, THOMAS F 4900 SOUTH DAVIE ROAD DAVIE, FL 33314
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**DO NOT WRITE  
IN THIS SPACE**

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:**  **Thomas F. Gill** **Jan. 3-2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #