
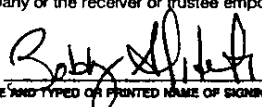


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90109 047 ****50.00

DOCUMENT # L04000037183			
1. Entity Name G & A PROPERTIES, LLC			
Principal Place of Business 1733 WREN WAY NICEVILLE, FL 32578		Mailing Address 1733 WREN WAY NICEVILLE, FL 32578	
2. Principal Place of Business 4599 BERKIE DR		3. Mailing Address PO Box 16068	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State TALLAHASSEE, FL		City & State TALLAHASSEE, FL	
Zip 32308	Country US	Zip 32317	Country US
-6- Name and Address of Current Registered Agent -		7. Name and Address of New Registered Agent	
UCC FILING & SEARCH SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDER, SEAN 1733 WREN WAY NICEVILLE, FL 32578 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8823 JOMAUREEN WAY TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALIBERTI, BOBBY 3334 THOMAS BUTLER ROAD TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4599 BERKIE DR TALLAHASSEE, FL 32308
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
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
11. I hereby certify that the information supplied with this filing does not qualify 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 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:  BOBBY ALIBERTI		Date: 14 July 05 850 528-8668	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

40064404



07132005 Chg-LLC CR2E083 (10/03)

4. FEI Number **56-2495803** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

FL Zip Code