

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

02-22-2007 90278 010 *****50.00
08-10-2007 90015 004 *****50.00
L04000038530

07 OCT 22 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE CR2E083 (4/07)

DOCUMENT # L04000038530 1. Entity Name GI ENTERPRISES, LLC					
Principal Place of Business 806 SUMMER BAY DRIVE ST. AUGUSTINE FL 32084			Mailing Address 806 SUMMER BAY DRIVE ST. AUGUSTINE FL 32084		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
4. FEI Number 20-1147351				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent KRESGE, KENNETH R CPA 1200 PLANTATION ISLAND DRIVE SUITE 230 ST. AUGUSTINE FL 32080	
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 reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 5, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OXFORD, GREGORY E 806 SUMMER BAY DRIVE ST. AUGUSTINE FL 32084	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OXFORD, ISABELL G 806 SUMMER BAY DRIVE ST. AUGUSTINE FL 32084	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: <i>Gregory Oxford</i>			8/6/07 904 461-0677		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

REINSTATEMENT

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Clls