## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 05, 2007 08:00 A Secretary of State

ANNUAL REFURI				, Mar 05, 2007-08:00	
DOCU 1. Entity Nam G & L 527	MENT # L04000039	418			retary of Sta
Principal Plac 1463 SUNSE CLEARWATER	T POINT ROAD	Mailing Address 1463 SUNSET POINT ROAD CLEARWATER, FL 33759			
ם	O NOT WRITE		CE	4. FEI Number NOT APPLICABLE	CR2E083 (11/05)  Applied For Not Applicable  \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent  CLINE, HARRY S ESQ 625 COURT STREET, SUITE 200  CLEARWATER, FL 33756				DO NOT WR	-
the obligat	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent	·	ed office or register	ed agent, or both, in the State of Florida.  when refistating)  UBB000054	DATE CHIL
					The Act of
9.  RTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MGR GALLAGHER, GREGORY 1655 PINE PLACE CLEARWATER, FL 33755	MANAGERS			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u>-</u>	DO NOT WR	ITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				IN THIS SPA	<b>CE</b>
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	<del></del>		·		

11. Thereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING NAMASING MEMBER, OF PAUTHORIZED REPRESENTATIVE

26/0/(717)442-849/ Daystime Priorie #