

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000044179

1. Entity Name

GIBRALTAR INVESTMENTS, LLC



Principal Place of Business

2166-B COUNTY HWY. 30-A
SANTA ROSA BEACH, FL 32459

Mailing Address

2166-B COUNTY HWY. 30-A
SANTA ROSA BEACH, FL 32459



01052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

41-2147462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MICHAEL WM MEAD
24 WALTER MARTIN ROAD
FORT WALTON BEACH, FL 32548

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MEAD, MIKE
STREET ADDRESS PO DRAWER 1329
CITY-ST-ZIP FORT WALTON BEACH, FL 32549

TITLE MGR
NAME ALDRICH, RUSS
STREET ADDRESS 4636 GULF STARR DR
CITY-ST-ZIP DESTIN, FL 32541

TITLE MGR
NAME O'BRIEN, EDWARD J
STREET ADDRESS 2166 B HWY 30A
CITY-ST-ZIP SANTA ROSA BEACH, FL 32459

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U00000648545
03/07/07-80013-015 50.00

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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:

Edward J. O'Brien

Edward J. O'Brien

1-12-07

850-598-
9444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #