## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L04000045216**

1. Entity Name GFI-3, LLC



Principal Place of Business

101 S FRANKLIN ST SUITE 101 TAMPA, FL 33602 Mailing Address

101 S FRANKLIN ST SUITE 101 TAMPA, FL 33602 FILED Apr 18, 2007 08:00 A Secretary of State



03262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
20-1247270		Not Applicable
5. Certificate of Status Desired	\$5.00 Additional	

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GARDNER, J. STEPHEN 101 S FRANKLIN ST SUITE 101 TAMPA, FL 33602

## DO NOT WRITE

		· · · · · · · · · · · · · · · · · · ·	
	named entity submits this statement for the purpose of chai ions of registered agent.	nging its registered office or registered agent, or both, in the State o	of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	(NOTE. Registered Agent signature required when reinstating)	DATE
FI D:	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	· · · · · · · · · · · · · · · · · · ·	in the same of the same of the same
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARDNER, J. STEPHEN 560 BOSPHORUS AVE TAMPA, FL 33606		00000714070 7207=80009-004,50,00
TITLE NAME STREET ADDRESS CITY+SY-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT IN THIS S	WRITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP		IN THIS S	SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

11. I hereby 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4/4/07

813.676.8080

Daytime Phone #