


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90034 035 ****50.00

DOCUMENT # L04000048688

1. Entity Name
GFI-4, LLC



Principal Place of Business
220 S. FRANKLIN STREET
TAMPA, FL 33602

Mailing Address
220 S. FRANKLIN STREET
TAMPA, FL 33602

2. Principal Place of Business
101 S. FRANKLIN ST.
Suite, Apt. #, etc.
SUITE 101
City & State
TAMPA, FL
Zip
33602 Country
HILLSBOROUGH

3. Mailing Address
101 S. FRANKLIN ST.
Suite, Apt. #, etc.
SUITE 101
City & State
TAMPA, FL
Zip
33602 Country
HILLSBOROUGH

04132005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-1325097

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GARDNER, J. STEPHEN
220 S. FRANKLIN STREET
TAMPA, FL 33602

7. Name and Address of New Registered Agent
Name
J. Stephen Gardner
Street Address (P.O. Box Number is Not Acceptable)
101 S. FRANKLIN ST.
SUITE 101
City
TAMPA FL Zip Code
33602

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 J. Stephen Gardner DATE 4/21/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" 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 checked="" type="checkbox"/> Addition
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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: J. Stephen Gardner DATE 4/21/05

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