

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050914

FILED
Feb 01, 2005
Secretary of State

Entity Name: GP SOLUTIONS LLC

Current Principal Place of Business:

2161 PIERCE ARROW DRIVE
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

2161 PIERCE ARROW DRIVE
JACKSONVILLE, FL 32246

New Mailing Address:

P. O. BOX 16386
JACKSONVILLE, FL 32245

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAFFAELLY, KAREN A
2161 PIERCE ARROW DRIVE
JACKSONVILLE, FL 32246 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: RAFFAELLY, KAREN A
Address: 2161 PIERCE ARROW DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

Title: MRGM () Delete
Name: PARTRIDGE, MARY L
Address: 2161 PIERCE ARROW DRIVE
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: PARTRIDGE, MARY L
Address: 1731 SIXTH AVE N
City-St-Zip: JACKSONVILLE BEACH, FL 322500276

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KAREN A RAFFAELLY

MGRM

02/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date