2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000054243

1. Entity Name
GAIL, L.L.C.

Principal Place of Business	Mailing Address
1619 N.W. RIVER TRAIL STUART, FL 34994	1619 N.W. RIVER TRAIL STUART, FL 34994

DO NOT WRITE IN THIS SPACE

02162006No Chg-LLC CRZE083 (11/05)

4. FEI Number
59-1583464
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BUCHANAN, LARRY E
555 COLORADO AVENUE
STUART, FL 34995

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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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BUCHANAN, GENIE V TRUSTEE
STREET ADDRESS	2254 S.W. WHITEMARSH WAY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	MGRM
NAME	BUCHANAN, LARRY E TRUSTEE
STREET ADDRESS	2254 S.W. WHITEMARSH WAY
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	MGRM
NAME	MUNROE, C. IVAN JR.
STREET ADDRESS	1619 N.W. RIVER TRAIL
CITY-ST-ZIP	STUART, FL 34994
TITLE	MGRM
NAME	MUNROE, ANNE H
STREET ADDRESS	1619 N.W. RIVER TRAIL
CITY-ST-ZIP	STUART, FL 34994
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/02/06-80009-014 55.00

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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: C Ivan Munroe Jr 2-16-06 772-286-8210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #