2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2005
Secretary of State

DOCUMENT# L04000056323

Entity Name: GAR-KAR ENTERPRISES LLC

Current Principal Place of Business:

529 SPRUCE DRIVE #413
LADY LAKE, FL 321159

New Principal Place of Business:

529 SPRUCE DRIVE #413
LADY LAKE, FL 32159

Current Mailing Address:

529 SPRUCE DRIVE #413
LADY LAKE, FL 321159

New Mailing Address:

529 SPRUCE DRIVE #413
LADY LAKE, FL 32159

FEI Number: 42-1640592 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAWLEY, GARY W
529 SPRUCE DRIVE #413
LADY LAKE, FL 321159 US

Name and Address of New Registered Agent:

CRAWLEY, GARY W
529 SPRUCE DRIVE #413
LADY LAKE, FL 32159 US

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: GARY W. CRAWLEY 01/25/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: CRAWLEY, GARY W
Address: 529 SPRUCE DRIVE #413
City-St-Zip: LADY LAKE, FL 32159

Title: MGRM ( ) Delete
Name: CORDINGLY, KAREN S
Address: 529 SPRUCE DRIVE #413
City-St-Zip: LADY LAKE, FL 321159

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: CORDINGLY, KAREN S
Address: 529 SPRUCE DRIVE #413
City-St-Zip: LADY LAKE, FL 32159

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 S. CORDINGLY MGRM 01/25/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date