## 2005 LIMITED LIABILITY COMPANY

## FILED May 04, 2005 8:00 am Secretary of State

ANNUAL REPORT					Secretary or State			
DOCUMENT # L04000058280						05-04-2005	90037 049 ****5	0.00
1. Entity Name GBMC FINANCIAL, LLC		·						
Dringing Diag	:	Marillana Andreas	100	1 TO S		2005	ceggy	:
Principal Place of Business 185 GRAND BLVD., STE. 100		Mailing Address 185 GRAND BLVD., STE. 100		20056897				
SANDESTIN, FL 32550		SANDESTIN, FL 32550						
2. Principal Pl	ace of Business	3. Mailing Address						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		04292005	Chg-LLC	CR2E083 (10/03)	<u> </u>	
City & State		City & State			4. FEI Numb	212914	$\sim$	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificati	of Status Desired	S5.00 Add	
	6. Name and Address of Current	Registered Agent			_ 7. Name an	d Address of New R		·
HOWARD, JAMES K				Name				
185 GRAN	D BLVD., STE. 100 IN, FL 32550	Street Address (		(P.O. Box Number is Not Acceptable)				
		City						1
							FL Zip Coo	<u> </u>
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								
Elling Eag le \$50.00						Mak	e check payable to	:
Di	ling Fee is \$50.00 ue by May 1, 2005			Florida Department of State				
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS /	CHANGES	
TITLE NAME	MGR HOWARD, JAMES K	☐ Delete	TITLE Name				☐ Change	Addition
STREET ADDRESS	185 GRAND BLVD., STE. 100		STREET ADDRES	is .				:
CITY-ST-ZIP	SANDESTIN, FL 32550	□ Delete	CITY-ST-ZIP		<del>'</del> -		☐ Change	Addition
NAME .			NAME			•		
STREET ADDRESS CITY-ST-ZIP	·		CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP				į
TITLE NAME		☐ Delete	TITLE NAME				Change	Addition
STREET ADDRESS		•	STREET ADDRES	ss				) •
CITY-ST-ZIP TITLE	<u>:</u>	☐ Delete	CITY-ST-ZIP			<u> </u>	Change	☐ Addition
NAME STREET ADDRESS	·	,	name Street addre					:
CITY-ST-ZIP			CITY-ST-ZIP					:
TITLE NAME	:	☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS	,		STREET ADORE	ss				
CITY-ST-ZIP		☐ Defete	CITY-ST-ZIP	-			Change	☐ Addition
NAME	:		NAME	,			ي دري	
STREET ADDRESS C/TY-\$T-ZIP			STREET ADORES CITY-ST-ZIP	»				
					-4 440 07/0			

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 true empowered to execute this report as required by Chapter 608, Florida Statutes.

V . 1

SIGNATURE: Keith Howard Keith Howard SIGNATURE SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/29-05

850. 837-188

Daytime Phone #