2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT #1 04000062861



FILED Jan 18, 2005 8:00 am Secretary of State

1. Entity Name G-1 ENTERPRISES, LLC						01-18-2005 90187 014 ****50.00				
723 JOHN CARROLL LANE			Mailing Address 723 JOHN CARROLL LANE WEST MELBOURNE, FL 32904-7541		l 18 Sti Bit Si	20002 	661	U991 SVIIN RHSI 111	IBN III (201	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		01042005	Chg-LLC	CR2E	083 (10/03)		
City & State		City & State			4. FEI Numbe	20-1472	147		plied For Applicable	
Zip Country		Zip	Country		5. Certificate	of Status Desired		\$5.00 Add Fee Require		
	6. Name	and Address of Current f	Registered Agent			7. Name and	Address of New Re	gistered	Agent	
ODANIES GANDIOE I					Name					
GRAVES, CANDICE L 723 JOHN CARROLL LANE WEST MELBOURNE, FL 32904-7541				Street Address (P.O. Box Numbe	r is Not Acceptable)				
					City			FI	Zip Cod	e :
8. The above named entity submits this statement for the purpose of changing its regis									- `	j
8. The above the obligat	named entity ions of regist	y submits this statement for tered agent.	the purpose of changing its	registere	ed office or register	ed agent, or bot	h, in the State of Flor	ida. I am	familiar with,	and accept
SIGNATURE	Mark Ba								· · · · · · · · · · · · · · · · · · ·	
	Signature, typed	or printed name of registered agent a	nd title if applicable. (NOT)	E. Registere	d Agent signature required	when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2005					Make check payable to Florida Department of State					
FI D	ling Fee i	is \$50.00								•
	ling Fee i	is \$50.00 y 1, 2005	3S/MANAGERS	10			Florida	Departn	nent of State	
9.	ling Fee i	is \$50.00		10.				Departn	nent of State	
9.	MGR	is \$50.00 y 1, 2005	RS/MANAGERS	10. TITLI			Florida	Departn	nent of State	Addition
9. NTLE	MGR GRAVES	\$50.00 y 1, 2005 MANAGING MEMBER		TITL!			Florida	Departn	nent of State	
9. TITLE NAME	MGR GRAVES	MANAGING MEMBER	☐ Delete	TITL! NAM STRE	ε		Florida	Departn	nent of State	
9. TITLE NAME STREET ADDRESS	MGR GRAVES	MANAGING MEMBER , CANDICE L N CARROLL LANE	☐ Delete	TITL! NAM STRE	E ET ADORESS -ST-ZIP		Florida	Departn	nent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-2IP	MGR GRAVES 723 JOHN WEST ME	MANAGING MEMBER , CANDICE L N CARROLL LANE	□ Delete	TITLI NAM STRE CITY	E EET ADORESS -ST-ZIP E		Florida	Departn	S Change	Addition
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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.