

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062904

Entity Name: GORILLA DICK'S LLC

FILED
Aug 31, 2005
Secretary of State

Current Principal Place of Business:

1056 TRUMAN
NOKOMIS, FL 34275

New Principal Place of Business:

9071 S. TAMiami TRAIL
VENICE, FL 34293

Current Mailing Address:

PO BOX 1164
OSPREY, FL 342299998

New Mailing Address:

FEI Number: 34-2014290 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, RICHARD G
1056 TRUMAN
NOKOMIS, FL 34275 US

Name and Address of New Registered Agent:

WILSON, RICHARD G
1056 TRUMAN ST
NOKOMIS, FL 34275 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:

08/31/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: WILSON, RICHARD G
Address: 1056 TRUMAN ST.
City-St-Zip: NOKOMIS, FL 34275

Title: MGRM () Change (X) Addition
Name: RUTHERFORD, JEFFERY L
Address: 355 S. CREEK CT.
City-St-Zip: OSPREY, FL 34229

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: RICHARD G. WILSON

MGRM

08/31/2005

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