

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000065811**

1. Entity Name  
**GINED, L.L.C.**



Principal Place of Business

**300 BEAR DRIVE  
GULF BREEZE, FL 32561 US**

Mailing Address

**300 BEAR DRIVE  
GULF BREEZE, FL 32561 US**

**DO NOT WRITE IN THIS SPACE**



01212007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-1600428</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**EDDY, JANET L  
300 BEAR DRIVE  
GULF BREEZE, FL 32561**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
EDDY, EDWIN A  
300 BEAR DRIVE  
GULF BREEZE, FL 32561**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
EDDY, JANET L  
300 BEAR DRIVE  
GULF BREEZE, FL 32561**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GINCAUSKAS, ROLAND J  
527 DEER POINT DRIVE  
GULF BREEZE, FL 32561**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GINCAUSKAS, SHARON M  
527 DEER POINT DRIVE  
GULF BREEZE, FL 32561**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000600545  
01/26/07-80011-024 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Janet Eddy, Mgr.* **Janet L. Eddy** 1/21/07 **850 934-9683**