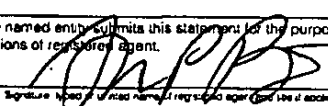
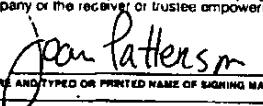
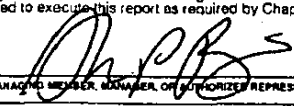


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4. **FILED**
May 26, 2005 8:00 am
Secretary of State

04-22-2005 90050 021 ****50.00

DOCUMENT # L04000072891			
1. Entity Name GILDEWEY'S LLC			
Principal Place of Business 5021 24TH AVENUE S GULFPORT, FL 33707 US		Mailing Address 5021 24TH AVENUE S GULFPORT, FL 33707 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent POHLMAN, MARK S 801 WEST BAY DRIVE SUITE 515 LARGO, FL 33770		7. Name and Address of New Registered Agent Name Shane Brissm Street Address (P.O. Box Number is Not Acceptable) 5021-24th Avenue South Gulfport City Gulfport FL 33707	
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  DATE 19 April 05 (NOTE: Registered Agent signature required when renewing)			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRISSEN, SHANE 5021 24TH AVENUE S GULFPORT, FL 33707 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATTERSON, JOAN 5021 24TH AVENUE S GULFPORT, FL 33707 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  		4/18/05 727-642-6685 Daytime Phone	

30007574



01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number **56-2487510** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required