FILED
May 26, 2005 8:00 am
Secretary of State
04-22-2005 90050 021 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000072891

1. Entity Name
GILDEWEY'S LLC

30007574

01042005 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
5021 24TH AVENUE S GULFPORT, FL 33707 US	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

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

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

6. 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 Zip Code 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 [signature] 19 April 05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	BRISSON, SHANE	
STREET ADDRESS	5021 24TH AVENUE S	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	MGR	☐ Delete
NAME	PATTERSON, JOAN	
STREET ADDRESS	5021 24TH AVENUE S	
CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Joan Patterson [signature] 4/18/05 727-642-6685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #