
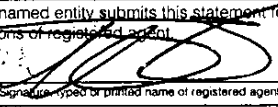
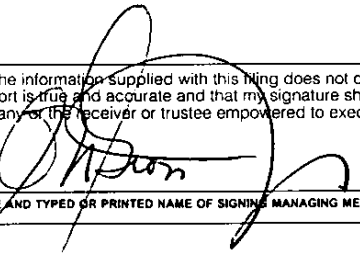


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90051 039 \*\*\*\*50.00

<b>DOCUMENT # L04000074785</b> 1. Entity Name <b>G&amp;F LLC</b>					
Principal Place of Business <b>25 EAST 17TH STREET ST. CLOUD, F 34769</b>			Mailing Address <b>25 EAST 17TH STREET ST. CLOUD, F 34769</b>		
2. Principal Place of Business <b>1136 New York Ave.</b>			3. Mailing Address <b>1136 New York Ave.</b>		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State <b>ST. CLOUD, FL</b>			City & State <b>ST. CLOUD, FL</b>		
Zip <b>34769</b>			Zip <b>34769</b>		
Country 			Country 		
4. FEI Number <b>20-1758484</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$5.00</b> Additional Fee Required		
<b>6. Name and Address of Current Registered Agent</b>  <b>BRADLEY, RICHARD W 524 SIMPSON AVE KISSIMMEE, FL 34744</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>1134 New York Ave</b> City <b>ST. CLOUD</b> <b>FL</b> Zip Code <b>34769</b>	
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: <b>4-26-06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GROSS, CHARLES N JR. 1455 SOUTH CHICKASAW TRAIL ORLANDO, FL 32825	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>662 OSCOLA AVE. WINTER PARK, FL 32789</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FREEMAN, WALLACE B 5800 OVERSEAS HWY #16 MARATHON, FL 33050	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 				Date: <b>4-26-06</b> Daytime Phone #: <b>407-957-4414</b>	