


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90149 022 ***143.75

DOCUMENT # L04000074785	
1. Entity Name G&F LLC	

Principal Place of Business 1136 NEW YORK AVE ST. CLOUD F 34769	Mailing Address 1136 NEW YORK AVE ST. CLOUD F 34769
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2. Principal Place of Business - No P.O. Box # 5800 OVERSEA HWY.	3. Mailing Address 5800 OVERSEAS HWY.
Suite, Apt. #, etc. SUITE 16	Suite, Apt. #, etc. SUITE 16
City & State MARATHON, FL	City & State MARATHON, FL
Zip 33050	Zip 33050
Country MONROE	Country MONROE

1st MOORE CR2E083 (10/07)

4. FEI Number 20-1758484	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FREEMAN, WALLACE B 5800 OVERSEAS HWY SUITE 16 MARATHON FL 33050	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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: Wallace B. Freeman DATE: 4-3-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when renewing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GROSS, CHARLES N JR. 662 OSCEOLA AVE WINTER PARK FL 32789 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MICHAEL R. F. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	MGRM FREEMAN, MICHAEL R. 105 26th STREET MARATHON, FL 33050 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREEMAN, MICHAEL R. 105 26th STREET MARATHON, FL 33050 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 Section 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: Wallace B. Freeman DATE: 4-3-08 TELEPHONE: 305-743-3484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE