2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

7/21/2005-90010-005-$55.00-$55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 27 AM 9:40

DOCUMENT # L04000077021

1. Entity Name

GERARD'S INVESTMENTS, LLC

Principal Place of Business	Mailing Address
708 S. ATLANTIC DRIVE LANTANA FL 33462 US	708 S. ATLANTIC DRIVE LANTANA FL 33462 US

1st MOORE CR2E083 (10/04)

2. Principal Place of Business		3. Mailing Address	
2730 S Dixie Hwy		2730. S Dixie Hwy	
Suite, Apt. #, etc.: Suite B		Suite, Apt. #, etc.: Suite B.	
City & State: WPB FL		City & State: W.P.B Fl	
Zip: 33405	Country: US	Zip: 33405	Country: US

4. FEI Number: 04-3798699 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHACHIA, GERARD J
708 S. ATLANTIC DRIVE
LANTANA FL 33462

7. Name and Address of New Registered Agent

Name: CHACHIA Gerard J
Street Address (P.O. Box Number is Not Acceptable): 2730 S Dixie Hwy
WPB.
City: WPB. FL Zip Code: 33405

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]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	CHACHIA, GERARD J	
STREET ADDRESS	708 S. ATLANTIC DRIVE	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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	REINSTATEMENT 2005	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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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: [signature] 7/20/05 5613719911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #