


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90432 045 ***150.00

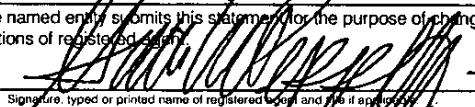
DOCUMENT # L04000080180	
1. Entity Name G.A.G. BUILDING MAINTENANCE, LLC	

Principal Place of Business 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411 US	Mailing Address 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411 US
--	--

2. Principal Place of Business 590 Royal Palm Blvd	3. Mailing Address P.O. Box 211946
Suite, Apt. #, etc. Royal Palm Beach, FL	Suite, Apt. #, etc. Royal Palm Beach
City & State FL 33421-1946	City & State FL 33421-1946
Zip 33411	Country U.S.
Zip 33421	Country U.S.

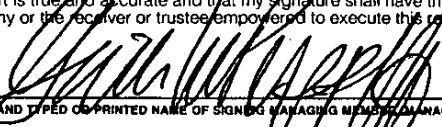
	
03302005	Chg-LLC
CR2E083 (10/03)	
4. FEI Number EIN 201877647	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LAMPERT, JEFFREY B 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411	
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 	DATE 3-30-2005

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 PEPPER, GINA M 590 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH, FL 33411 <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	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	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	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	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	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 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: 	DATE 3/30/05 Daytime Phone # 561-7927882