


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90025 046 \*\*\*\*50.00

<b>DOCUMENT # L04000080690</b> 1. Entity Name <b>GARY CARDEN LLC</b>					
Principal Place of Business <b>133 H.R. LINZY LN CRAWFORDVILLE, FL 32327</b>			Mailing Address <b>133 H.R. LINZY LN CRAWFORDVILLE, FL 32327</b>		
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 01052005    Chg-LLC    CR2E083 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>				<input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CARDEN, GARY 133 H.R. LINZY LN CRAWFORDVILLE, FL 32327</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM		TITLE		
NAME	CARDEN, GARY <input type="checkbox"/> Delete		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	133 HR LINZY LN		STREET ADDRESS		
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b> <i>Gary Carden</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <i>4/20/05</i> 850-508-4279 <small>Daytime Phone #</small>		