


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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


04-04-2005 90430 045 \*\*\*\*50.00

<b>DOCUMENT # L04000081023</b>	
1. Entity Name <b>TOP GUN GROUP LLC</b>	

Principal Place of Business <b>2023 SE 28TH TERRACE CAPE CORAL, FL 33904 US</b>	Mailing Address <b>2023 SE 28TH TERRACE CAPE CORAL, FL 33904 US</b>
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2. Principal Place of Business <b>2517 SW 37TH ST</b> Suite, Apt. #, etc.	3. Mailing Address <b>2517 SW 37TH ST</b> Suite, Apt. #, etc.
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City & State <b>CAPE CORAL, FL</b>	City & State <b>CAPE CORAL, FL</b>
Zip <b>33914</b>	Country <b>LEE</b>
Zip <b>33914</b>	Country <b>LEE</b>

	
03242005 Chg-LLC	CR2E083 (10/03)
4. FEI Number <b>42-1649883</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CRISTALDI, STEVEN 2023 SE 28TH TERRACE CAPE CORAL, FL 33904</b>	
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7. Name and Address of New Registered Agent Name <b>SUSAN HAGENBROCK</b> Street Address (P.O. Box Number is Not Acceptable) <b>2517 SW 37TH ST</b> City <b>CAPE CORAL</b> FL Zip Code <b>33914</b>	
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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 <b>SUSAN HAGENBROCK</b> <i>Susan Hagenbrock</i> 3/30/05 <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent's signature required when resigning)</small> DATE	
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<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>MGR HAGENBROCK, SUE 2517 SW 37TH STREET CAPE CORAL, FL 33914</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>MGRM CRISTALDI, STEVEN 2023 SE 28TH TERRACE CAPE CORAL, FL 33904</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>MGRM HAGENBROCK, JOE 2517 SW 37TH STREET CAPE CORAL, FL 33914</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>MGRM FRONCEK, MICHAEL 3009 SE 18TH AVENUE CAPE CORAL, FL 33904</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>HAGENBROCK, SUSAN</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-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. <b>SIGNATURE: <i>Susan Hagenbrock</i></b>	
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