## **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

## Aug 18, 2005 8:00 am Secretary of State DOCUMENT-# L04000090217 1. Entity Name 08-18-2005 90105 047 \*\*\*\*50.00 G&D REALTY, LLC Principal Place of Business Mailing Address 12251 TOWN LAKE DRIVE 12251 TOWN LAKE DRIVE FT. MYERS FL 33913 FT. MYERS FL 33913 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORF CR2E083 (5/05) City & State City & State 4. FEI Number 20 - 3082429 Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TIBOL, GEORGE Street Address (P.O. Box Number is Not Acceptable) 12251 TOWN LAKE DRIVE FT. MYERS FL 33913 City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition TIBOL, GEORGE NAME NAME STREET ADDRESS 12251 TOWN LAKE DRIVE STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33913 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition NAME TIBOL, DAVID STREET ADDRESS 12251 TOWN LAKE DRIVE STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33913 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME 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.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

GEORGE TIBOL 8/12/05

Daytime Phone #

**FILED**