


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

9/4/2007-90084-012-\$50.00-\$50.00

DOCUMENT # L04000092307
 1. Entity Name
GFL REALTY, LLC



2007-07-04 PM 2:50

SECURITY OFFICE
 TALLAHASSEE, FL 32304



2nd MOORE CR2E083 (4/07)

Principal Place of Business Mailing Address
~~2040 S. TAMiami TRAIL SARASOTA FL 34230~~
 2040 S. TAMiami TRAIL SARASOTA FL 34230

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
4502 N. TAMiami TR. **SPACE**

City & State City & State
SARASOTA FL **SPACE**
 Zip Country Zip Country
34234 **SARASOTA**

4. FEI Number 14-1919677 Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ULRICH, RICHARD A ESQ
2940 S. TAMiami TRAIL
SARASOTA FL 34230

7. Name and Address of New Registered Agent
 Name **Tom Guthrie**
 Street Address (P.O. Box Number is Not Acceptable)
4502 N. TAMiami TR.
SARASOTA
 City **FL** Zip Code **34234**

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 Thomas T. Guthrie DATE 9/19/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GUTHRIE, THOMAS 10408 OAK RUN DRIVE BRADENTON FL 34202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Thomas T. Guthrie DATE: 9/19/07 DYNAMIC PHONE # 941-355-4700