

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

04-05-2006 90017 006 ****50.00

DOCUMENT # L05000009866			
1. Entity Name G&K MANAGEMENT CO, LLC			
Principal Place of Business 943 S.E. FORT KING ST. OCALA, FL 34471		Mailing Address 943 S.E. FORT KING ST. OCALA, FL 34471	
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		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GASDICK, MICHAEL J 390 N. ORANGE AVE. SUITE 260 ORLANDO, FL 32801		Name Gene B. Camp Street Address (P.O. Box Number is Not Acceptable) 943 SE Ft. King Ocala City FL Zip Code 34471	
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 Gene B. Camp		DATE 3/15/06	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member Gene B. Camp PO Box 790, Ocala, FL 34478 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Managing Member Kevin B. Camp PO Box 790, Ocala, FL 34478 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 conservator empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: Gene B. Camp		DATE 3-15-06 (352) 232-6060	

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