

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010437

Entity Name: G3, LLC

FILED
Jan 11, 2006
Secretary of State

Current Principal Place of Business:

5150 NORTH TAMIAMI TRAIL
600
NAPLES, FL 34103

Current Mailing Address:

5150 NORTH TAMIAMI TRAIL
600
NAPLES, FL 34103

New Principal Place of Business:

2640 GOLDEN GATE PWY
205
NAPLES, FL 34105

New Mailing Address:

2640 GOLDEN GATE PWY
205
NAPLES, FL 34105

FEI Number: 20-2257045

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARGIULO, VINCENZO
5150 NORTH TAMIAMI TRAIL
600
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

GARGIULO, VINCENZO
12563 GRANDEZZA CIRCLE
ESTERO, FL 33928 US

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.

SIGNATURE: VINCENZO GARGIULO

01/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GARGIULO, VINCENZO
Address: 5150 NORTH TAMIAMI TRAIL
City-St-Zip: NAPLES, FL 34103

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GARGIULO, VINCENZO
Address: 2640 GOLDEN GATE PWY
City-St-Zip: NAPLES, FL 34105

Title: MGRM () Change (X) Addition
Name: GOMEZ, JAMES
Address: 2640 GOLDEN GATE PWY
City-St-Zip: NAPLES, FL 34105

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: VINCENZO GARGIULO

MGRM

01/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date