2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000012310

1. Entity Name

G & G RESOURCES, L.L.C.



FILED Jan 17, 2007. 08:00 AM Secretary of State

Principal Place of Business

2910 RUSS STREET MARIANNA, FL 32446 Malling Address

2910 RUSS STREET Marianna, Fl. 32446



01102007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number			Applied For	
NOT APPLICABLE	 	ጆ	Not Applicabl	
5. Certificate of Status Desired	\$5.00 Additional Fee Required			

5. Name and Address of Current Registered Agent

FUQUA, H. MATTHEW ESQ 4450 LAFAYETTE STREET MARIANNA, FL 32446

The above named entity submits this statement	nt for the purpose	of changing its req	gistered office or registered a	agent, or bot	h, in the State of	Florida. I	am familiar with, and accept
the obligations of registered agent.		•		• ,			,

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE, Registered Agent signature required when reinstating

DATE

Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WISE, GREG 4559 RED OAK TRACE MARIANNA, FL 32446 MGRM							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MATTISON, GARY 74 HIDDEN LAKES MIRAMAR BEACH, FL 35520							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP								

11. I hereby certify that the information supplied with this filling 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 regulred by Chapter 608, Florida Statutes.

SIGNATURE:

ATORE AND TYPED OR PRINTED NAME OF SIGNING

GREE WIS

1-16-0

(850)526-5010

Daytime Phone #