## 2006 LIMITED LIABILITY COMPANY

## Jan 30, 2006 8:00 am **Secretary of State ANNUAL REPORT DOCUMENT # L05000018877** 01-30-2006 90153 030 \*\*\*\*50 00 1. Entity Name G2W-II. LLC Mailing Address Principal Place of Business 1020 FERDON BLVD., SOUTH 1020 FERDON BLVD., SOUTH CRESTVIEW, FL 32536 CRESTVIEW, FL 32536 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-LLC CR2E083 (11/05) 4. FEI Number Applied For City & State City & State Not Applicable Zip Country \$5.00 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WELTON & WILLIAMSON, LLC Street Address (P.O. Box Number is Not Acceptable) 1020 FERDON BLVD., SOUTH CRESTVIEW, FL 32536 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGRM Addition III Change MGRM Delete TITLE A. Wayne Williamson 1020 Ferdon Blvd South NAME GALLOWAY, A.B. NAME 1020 FERDON BLVD., SOUTH STREET ADDRESS STREET ADDRESS Crestview FL 32536 CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW, FL 32536 MARM Delete TITLE ☐ Change Addition TITLE A. Wayne Williamson 1020 Ferdon Blud South OKALOOSA INVESTMENT ENTERPRISES, INC. NAME NAME STREET ADDRESS 1020 FERDON BLVD., SOUTH STREET ADDRESS Cresturew, FL 32536 CITY-ST-ZIP CRESTVIEW, FL 32536 CITY-ST-ZIP MORM ☐ Change Addition -1ΠΙΕ ■ Delete TITLE DKalousa Investments Enterprises, Inc NAME NAME 1020 Ferden Blud South Crestview, FL 32536 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete ICUF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

IATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED