2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**



FILED

Jan 11, 2007 8:00 am Secretary of State DOCUMENT # L05000018877 01-11-2007 90128 038 ****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 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 CR2E083 (12/06) Chg-LLC Applied For City & State 4. FEI Number City & State 20-2413270 Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WELTON & WILLIAMSON, LLC Street Address (P.O. Box Number is Not Acceptable) 1020 FERDON BLVD., SOUTH CRESTVIEW, FL 32536 Zip Code City 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. (NOTE Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Addition ☐ Change TITLE MGRM Delete TITLE WILLIAMSON, A. WAYNE NAME STREET ADDRESS 1020 FERDON BLVD., SOUTH STREET ADDRESS CITY-S1-ZIP CRESTVIEW, FL 32536 CITY-ST-ZIP ☐ Change ☐ Addition MGRM ☐ Delete TITLE TITLE OKALOOSA INVESTMENT ENTERPRISES, INC. NAME NAME STREET ADDRESS STREET ADDRESS 1020 FERDON BLVD., SOUTH CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW, FL 32536 MGRM Matk Welton 1020 Ferdon Blud South MGRM Delete TITLE ☐ Change Addition TITLE NAME OKALOOSA INVESTMENTS ENTERPRISES, INC NAME STREET ADORESS STREET ADDRESS 1020 FERDEN BLVD SOUTH Crestview FL 32536 CRESTVIEW, FL 32536 CITY - ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE 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 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.