


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90110 019 ***138.75

DOCUMENT # L05000022447 1. Entity Name G.M.N. DEVELOPERS, LLC					
Principal Place of Business 2380 HARBOR BLVD. PORT CHARLOTTE, FL 33952			Mailing Address 2380 HARBOR BLVD. PORT CHARLOTTE, FL 33952		
2. Principal Place of Business - No P.O. Box # 3067 TAMIA MI TRAIL		3. Mailing Address PO BOX 380639			
Suite, Apt. #, etc. UNIT 3		Suite, Apt. #, etc.			
City & State PORT CHARLOTTE FL		City & State PORT CHARLOTTE FL			
Zip 33952	Country US	Zip 33938	Country US	4. FEI Number 20-4704300	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GARCIA, JOSE M 2380 HARBOR BLVD. PORT CHARLOTTE, FL 33952			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3067 TAMIA MI TRAIL UNIT 3 PORT CHARLOTTE FL 33952		
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 _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, JOSE M 2380 HARBOR BOULEVARD PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NACKLEY, GEORGE E 2380 HARBOR BOULEVARD PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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.			Date 4/9/08		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					