

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-24-2006 90060 046 \*\*\*\*50.00  
FILED 05000022522

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                            |  |                                                                                   |
|--------------------------------------------|--|-----------------------------------------------------------------------------------|
| DOCUMENT # L05000022522                    |  |  |
| 1. Entity Name<br>GMVW INVESTMENTS, L.L.C. |  |                                                                                   |

|                                                                               |                                                                   |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business<br>4347 SUNSET BEACH BLVD.<br>NICEVILLE, FL 32578 | Mailing Address<br>4347 SUNSET BEACH BLVD.<br>NICEVILLE, FL 32578 |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

02222006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-2458755** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

|                                                                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br>COLBERT, RICHARD M<br>125 W. ROMANA STREET, SUITE 800<br>PENSACOLA, FL 32502 |  |
|-------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |          |
|----------------------------------------------------|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name                                               |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City                                               |          |
| FL                                                 | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                                             |                                                      |
|---------------------------------------------|------------------------------------------------------|
| Filing Fee is \$50.00<br>Due by May 1, 2006 | Make check payable to<br>Florida Department of State |
|---------------------------------------------|------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                                              | 10. ADDITIONS/CHANGES                          |                                                                   |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>VUCOVICH, HAROLD J.<br>4347 SUNSET BEACH BLVD<br>NICEVILLE, FL 32578 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>WRIGHT, LAWRENCE<br>4400 ANSLEY DRIVE<br>NICEVILLE, FL 32578 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

SIGNATURE *Harold J. Vucovich* 4/3/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #