

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 A
Secretary of State

DOCUMENT # L05000022522

1. Entity Name

GMVW INVESTMENTS, L.L.C.



Principal Place of Business

4347 SUNSET BEACH BLVD.
NICEVILLE, FL 32578

Mailing Address

4347 SUNSET BEACH BLVD.
NICEVILLE, FL 32578



02092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

COLBERT, RICHARD M
4 LAGUNA STREET STE 101
FT WALTON BEACH, FL 32548

**DO NOT WRITE
IN THIS SPACE**

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

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

U000000657324
03/14/07-80063-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	VUCOVICH, HAROLD J
STREET ADDRESS	4347 SUNSET BEACH BLVD.
CITY- ST- ZIP	NICEVILLE, FL 32578
TITLE	MGRM
NAME	WRIGHT, LAWRENCE
STREET ADDRESS	4400 ANSLEY DRIVE
CITY- ST- ZIP	NICEVILLE, FL 32578
TITLE	MEM
NAME	GRIFFIN, ROBERT
STREET ADDRESS	P.O. BOX 1710
CITY- ST- ZIP	DAPHNE, AL 36526
TITLE	MEM
NAME	MCDONALD, MARK
STREET ADDRESS	3841 GREEN HILL VILLAGE DR. STE 400
CITY- ST- ZIP	NASHVILLE, TN 37215
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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:

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

2-28-07

Date

Daytime Phone #