

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000025989

FILED
Jan 06, 2006
Secretary of State

Entity Name: G&U LLC

Current Principal Place of Business:

1341 SANDCASTLE ROAD
SANIBEL ISLAND, FL 33954 US

New Principal Place of Business:

1341 SANDCASTLE ROAD
SANIBEL ISLAND, FL 33957 US

Current Mailing Address:

1341 SANDCASTLE ROAD
SANIBEL ISLAND, FL 33954 US

New Mailing Address:

1341 SANDCASTLE ROAD
SANIBEL ISLAND, FL 33957 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN & GRIGSBY, P.C.
27200 RIVERVIEW CENTER BLVD.
SUITE 309
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VON BELOW, URSULA
Address: 1341 SANDCASTLE ROAD
City-St-Zip: SANIBEL ISLAND, FL 33954 US

Title: MGRM () Delete
Name: VON BELOW, GERD
Address: 1341 SANDCASTLE ROAD
City-St-Zip: SANIBEL ISLAND, FL 33954

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VON BELOW, URSULA
Address: 1341 SANDCASTLE ROAD
City-St-Zip: SANIBEL ISLAND, FL 33957 US

Title: MGRM (X) Change () Addition
Name: VON BELOW, GERD
Address: 1341 SANDCASTLE ROAD
City-St-Zip: SANIBEL ISLAND, FL 33957

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GERD VON BELOW

MGRM

01/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date