

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000042483

1. Entity Name
G D BUILDERS, LLC



FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90042 048 ****55.00

Principal Place of Business
103 TRAILS END DRIVE
PORT ORANGE, FL 32129

Mailing Address
103 TRAILS END DRIVE
PORT ORANGE, FL 32129

2. Principal Place of Business

3. Mailing Address



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02022006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

74-3144762

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARTLETT, LAURENCE H
1800 W. INTERNATIONAL SPEEDWAY BLVD.
SUITE 201
DAYTONA BEACH, FL 32114

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

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, 2006

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
DEMARCO, GEORGE
103 TRAILS END DRIVE
PORT ORANGE, FL 32129

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
TIFFANY, NICOLE
103 TRAILS END DRIVE
PORT ORANGE, FL 32129

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
DEMARCO, STEPHEN
103 TRAILS END DRIVE
PORT ORANGE, FL 32129

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

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

Date

Daytime Phone #

4-4-06 (382) 254-6907