


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000042483 1. Entity Name G D BUILDERS, LLC	
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Principal Place of Business 103 TRAILS END DRIVE PORT ORANGE, FL 32129	Mailing Address 103 TRAILS END DRIVE PORT ORANGE, FL 32129
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DO NOT WRITE IN THIS SPACE



03232008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 74-3144762	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DEMARCO, GEORGE 103 TRAILS END DRIVE PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TIFFANY, NICOLE 103 TRAILS END DRIVE PORT ORANGE, FL 32129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEMARCO, STEPHEN 103 TRAILS END DRIVE PORT ORANGE, FL 32129
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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: *George De Marco* **4/3/08 386-322-4101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #