

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # L05000043509 1. Entity Name GFI CAPITAL, LLC	
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Principal Place of Business 101 S. FRANKLIN STREET SUITE 101 TAMPA, FL 33602	Mailing Address 101 S. FRANKLIN STREET SUITE 101 TAMPA, FL 33602
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03262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4770543	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent GARDNER, J STEPHEN 101 S. FRANKLIN STREET SUITE 101 TAMPA, FL 33602	DO NOT WRITE IN THIS SPACE
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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 _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARDNER, J STEPHEN 560 BOSPHORUS AVENUE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARDNER, T TRUETT 501 S. NEWPORT TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARDNER, PETER J 5407 S. RUSSELL STREET TAMPA, FL 33611
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARDNER, J STEPHEN II 6606 BEVERLY AVENUE MCLEAN, VA 22105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000714062
04/27/07-80009-001 50.00

**DO NOT WRITE
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:  **4/4/07** **813.676.8880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #