## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Feb 14, 2008 8:00 am Secretary of State

DOCUMENT # L05000043509  1. Entity Name GFI CAPITAL, LLC				02-14-2008 900	75 013 ***138.75	
Principal Place of Business 101 S. FRANKLIN STREET SUITE 101 TAMPA, FL 33602  Mailing Address 101 S. FRANKLIN STREET SUITE 101 TAMPA, FL 33602			EET	600081 		
Principal Place of Business - No P.O. Box #     Malling Address			,			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01232008 Chg-LLC CR2	E083 (12/06)	
City & State		City & State		4. FEI Number 20-4770543	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		
GARDNER, J STEPHEN 101 S. FRANKLIN STREET SUITE 101			Name			
			Street Address	s (P.O. Box Number is Not Acceptable)		
TAMPA, FL 33602			City		Zip Code	
the obligat	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent.  NOW!!! FEE IS \$138.75  7 1, 2008 Fee will be \$538.7	and title if applicable. (NC	s registered office or regist	Make check	E K payable to	
				Florida Depar	Tillerit Or State	
9.	MANAGING MEMBI		10.	ADDITIONS/CHANG	<del> </del>	
NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARDNER, J STEPHEN 560 BOSPHORUS AVENUE TAMPA, FL 33606	☐ Delete	NAME G. A. STREET ADDRESS 56	ACDNER, J. STEPHEN DESPHORUS AUENUE AMPA, FL 33606	<b>D</b> AChange □ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARDNER, T TRUETT 501 S. NEWPORT TAMPA, FL 33606	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARDNER, PETER J 5407 S. RUSSELL STREET "TAMPA. EL 33611	☐ Delete	CITY-ST-ZIP	REDNER, PETER J. SIY W. MORRISON AVEND IMPA, FL 33629		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARDNER, J STEPHEN II 6606 BEVERLY AVENUE MCLEAN, VA 22105	☐ Delete	TITLE MANE NAME STREET ADDRESS CITY-ST-ZIP	ARDNER, J. STEPHENTI DE BOSPHORUS AVENU AMPA, FL 33606	Change Addition	
TITLE		□ Doloto	TITLE		Change	

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 ampowered to execute this report as required by Chapter 608, Florida Statutes.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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

Delete

Daytime Phone 4

☐ Change

■ Addition