

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000044884

**FILED**  
**Apr 26, 2006**  
**Secretary of State**

**Entity Name:** GNG LLC

**Current Principal Place of Business:**

6130 KIPPS COLONY DRIVE WEST  
GULFPORT, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

6130 KIPPS COLONY DRIVE WEST  
GULFPORT, FL 33707

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAMKOEHLER, GARY L  
6130 KIPPS COLONY DRIVE WEST  
GULFPORT, FL 33707 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: D ( ) Change (X) Addition  
Name: DAMKOEHLER, GARY  
Address: 6130 KIPPS COLONY DRIVE WEST  
City-St-Zip: GULFPORT, FL 33707

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:** GARY DAMKOEHLER

D

04/26/2006

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