


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 03, 2006 8:00 am**  
**Secretary of State**

08-03-2006 90073 034 \*\*\*\*55.00

<b>DOCUMENT # L05000050686</b>	
1. Entity Name <b>G &amp; M ENTERPRISES SD, L.L.C.</b>	

**20051552**



07112006 Chg-LLC CR2E083 (11/05)

Principal Place of Business <b>4422 WYNKOOP CIRCLE PORT CHARLOTTE, FL 33948</b>	Mailing Address <b>4422 WYNKOOP CIRCLE PORT CHARLOTTE, FL 33948</b>
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2. Principal Place of Business <b>3759 Albin Ave</b> Suite, Apt. #, etc.	3. Mailing Address <b>3759 Albin Ave</b> Suite, Apt. #, etc.
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City & State <b>North Port FL</b>	City & State <b>North Port FL</b>
Zip <b>34289</b> Country	Zip <b>34289</b> Country

4. FEI Number <b>65-1251252</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>WOOD, GARY 4422 WYNKOOP CIRCLE PORT CHARLOTTE, FL 33948</b>	
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7. Name and Address of New Registered Agent	
Name <b>Wood, Gary</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>3759 Albin Ave</b>	
City <b>North Port</b>	FL Zip Code <b>34289</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOOD, GARY 4422 WYNKOOP CIRCLE PORT CHARLOTTE, FL 33948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOOD, GARY 3759 Albin Ave North Port, FL 34289 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Address only)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAIKARAN, LALBACHAN 391 PORTA ALLEGRE STREET PUNTA GORDA, FL 33983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stay the same <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Lalbachan Jaikaran Lalbachan Jaikaran 7-28-06 941-628-8744  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #