



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2007 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L05000065891 |  |
| 1. Entity Name GAJADO, LLC | |

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| Principal Place of Business 116 GRAND OAKS DRIVE ST. AUGUSTINE, FL 32080 | Mailing Address 116 GRAND OAKS DRIVE ST. AUGUSTINE, FL 32080 |
|--|--|

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03292007 No Chg-LLC CR2E083 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 30-4558319 | 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

KELLEY, DONNA
 116 GRAND OAKS DRIVE
 ST. AUGUSTINE, FL 32080

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000694321
04/17/07-80014-005 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM KELLEY, DONNA 116 GRAND OAKS DRIVE ST. AUGUSTINE, FL 32080 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM ALLIGOOD, JUDY 3942 A1A SOUTH SAINT AUGUSTINE, FL 32080 |
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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: Judy Alligood Managing Member 4/2/07 904471-6686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #