

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000072592 1. Entity Name BRIAN GURR ENTERPRISE LLC	
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Principal Place of Business 254 SUMMERWIND CIRCLE N CRAWFORDVILLE, FL 32327 US	Mailing Address 254 SUMMERWIND CIRCLE N CRAWFORDVILLE, FL 32327 US
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DO NOT WRITE IN THIS SPACE



04072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4211760	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

GURR, BRIAN L
 254 SUMMERWIND CIRCLE N
 CRAWFORDVILLE, FL 32327

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000904027
 04/30/08-80069-006 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GURR, BRIAN L 254 SUMMERWIND CIRCLE N CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GURR, GENIE S 254 SUMMERWIND CIRCLE N CRAWFORDVILLE, FL 32327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: Brian Gurr 4/14/08 850-251-4252

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