2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Oct 05, 2007
Secretary of State

DOCUMENT# L05000088330

Entity Name: G CUBED, LLC

Current Principal Place of Business:

10290 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

10290 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 65-1260675 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOETZ, WILLIAM A
10290 ATLANTIC BOULEVARD
JACKSONVILLE, FL 32225 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: MR ( ) Delete
Name: GOETZ, WILLIAM A MGR
Address: 10290 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: GOETZ, WILLIAM A
Address: 10290 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP ( ) Change (X) Addition
Name: GOETZ, GLENN C
Address: 10290 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP ( ) Change (X) Addition
Name: GOETZ, MARK A
Address: 10290 ATLANTIC BLVD
City-St-Zip: JACKSONVILLE, FL 32225

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM A GOETZ PRES 10/05/2007

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