


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 01, 2007 08:00 AM
Secretary of State**

DOCUMENT # L05000089557		
1. Entity Name RESOURCE GAINESVILLE, LLC		
Principal Place of Business 370 N. HATHAWAY AVENUE BRONSON, FL 32621		Mailing Address PO BOX 1533 BRONSON, FL 32621
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BEAUCHAMP, GREGORY V 107 E. PARK AVENUE CHIEFLAND, FL 32644		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKAY, DOUGLAS K PO BOX 1533 BRONSON, FL 32621	DO NOT WRITE IN THIS SPACE
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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: <u>Douglas K. McKay</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>1/29/07</u> Daytime Phone # <u>352-463-6423</u>



01292007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 37-1516438	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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02/07/07-80058-015 50.00