2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000090554

1. Entity Name

GW PROPERTY INVESTMENTS, LLC

Principal Place of Business
1 KING STREET
STE 302
SAINT AUGUSTINE FL 32084

Mailing Address
4195 CREEK BLUFF DRIVE
ST. AUGUSTINE FL 32086

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #: 1 King St.
Suite, Apt. #, etc.: Ste. 302
City & State: St. Augustine, FL.
Zip: 32084 Country: USA

3. Mailing Address: 4195 Creekbluff DR.
Suite, Apt. #, etc:
City & State: ST. Augustine, FL.
Zip: 32086 Country: USA

4. FEI Number: 20-3530260 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. **Name and Address of Current Registered Agent**

WHITE, GARY Y
4195 CREEK BLUFF DRIVE
ST. AUGUSTINE FL 32086

7. **Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WHITE, GARY Y 4195 CREEK BLUFF DRIVE ST. AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WHITE, DINK 4195 CREEK BLUFF DRIVE ST. AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	U00000943871 05/29/08-80068-024 138.75	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Dink S. White Dink S White 4-28-08 904-797-6838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #