FILED 2006 LIMITED LIABILITY. COMPANY ANNUAL REPORT (AR) Mar 28, 2006 8:00 am Secretary of State

DOCUMENT # L05000090613 1. Entity Name G & N, LLC					03-21-2006 90299 027 ****50.00			
			Address A. BONITA AVE MA CITY FL 32401					
2. Principal Place of Business		3. Mailing Address]		<u> </u>	
Suite, Apr. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE CR2E083 (10/05)			
City & State		City & State		4. FEI Number 20-3468/35	· · · · · · · · · · · · · · · · · · ·		oplied For ot Applicable	
Zip	Country	Zip	Zip Coun		5. Certificate of Status Desired		\$5.00 Add Fee Require	iitional
	6. Name and Address of Current	7: Name and Address of New Registered Agent						
NOWELL, VANCE J III 2620 N. BONITA AVE PANAMA CITY FL 32401				Name				
				Street Address (P.O. Box Number is Not Acceptable)				
				City		FL	Zip Code	e
	named entity submits this statement folions of registered agent.	or the purpose of changing its	registere	d office or register	ed agent, or both, in the State of Fi	orida. I am f	amiliar with,	and accept
SIGNATURE Signature, typeid or content name of registered agent and tide 4 audiculote. (NOTE Registered Agent arginiture required when revealining) DATE								
Make Check Payable			e to Fk	EE IS \$50.00 orida Departmen y 1, 2006				
9. MANAGING MEMBERS/MANAGERS			10.		ADDITIONS	/CHANGES		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM NOWELL, VANCE J III 2620 N. BONITA AVE PANAMA CITY FL 32401	Detete	1				Change	Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGR GORE, BOB PO BOX 9124 PANAMA CITY BEACH FL 32407	Delete					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ <u>Delete</u>					Ctrange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	The state of the s			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP		C Octate					Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		ľ			Change	Addition
11. I hereby indicated limited lize	certify that the information supplied will on this report is true and accurate an ability company or the resolver or true.	th this filing does not qualify to d that my signature shall have se empowered to execute this	the ex the san	emptions containe ne legal effect as it s required by Char	d in Section 119, Florida Statutes, f made under oath; that I am a ma pter 608, Florida Statutes.	I further cert maging merr	ify that the in ther or mane	nformation ager of the

GHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Due Depter Proce 4



Division of Corporations

March 22, 2006

G & N, LLC 2620 N. BONITA AVE PANAMA CITY, FL 32401

Subject: G & N, LLC

Reference Number;

L05000090613

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/ms ANNUAL REPORTS SECTION