

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108146

Entity Name: G27, LLC

FILED
Apr 24, 2006
Secretary of State

Current Principal Place of Business:

17749 CHAMPAGNE DRIVE
WINTER GARDEN, FL 34787

New Principal Place of Business:

Current Mailing Address:

17749 CHAMPAGNE DRIVE
WINTER GARDEN, FL 34787

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RALEY, PATRICK A
180 S. KNOWLES AVENUE
SUITE 7
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

KENEALY, MIKE S
17749 CHAMPAGNE DR
WINTER GARDEN, FL 34787 US

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: MIKE KENELY

04/24/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MINOGUE, DANIEL E
Address: 1157 HAWKSLADE COURT
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM () Delete
Name: KENEALY, MIKE
Address: 17749 CHAMPAGNE DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: MGRM (X) Delete
Name: ARQUILLA, DAVID
Address: 2524 LUCILLE DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DANIEL E. MINOGUE

PRES

04/24/2006

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