2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 01, 2007 8:00 am Secretary of State

DOCUMENT # L05000110147 1. Entity Name G+D PROPERTIES LLC				Secretary of State 06-01-2007 90095 033 ****50.00					
G+D PRO	OPERTIES LLC								
Principal Plac	e of Business	Mailing Address							
3101 SW 42		3101 SW 42ND AVE							
PALM CITY, F	FL 34990	PALM CITY, FL 34990							
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2. Principal Place of Business - No P.O. Box # 9 3. Mailing Address			2	_					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	M		05162007	Chg-LLC	CR2E083 (12/06)) 	
City & Stat	Pa	City & State			4. FEI Numbe 11-3763			pplied For ot Applicable	
249	53 Country	Zip	Country			of Status Desired	\$5.00 Ad	ditional	
	6. Name and Address of Current F	l legistered Agent		1	7. Name and	Address of New R	·····		
			Name	-200	HAV	F0-0	1)-00		
	(, GEOFFREY		Street A	deress (P	O Box Numbe	r is Not Acceptable	XOCK .	. 0	
3101 SW 4	7, FL 34990		Silver	146	1 3.10	r is Not Acceptable	NCE Ma	il	
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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 obligat	the obligations of registered agent.								
SIGNATURE	SIGNATURY Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)								
Filing Fee is \$50.00 Due by September 14, 2007					Make check payable to Florida Department of State				
Fil Due I	ling Fee is \$50.00 by September 14, 2007						• •	te	
Fil Due i	by September 14, 2007 MANAGING MEMBER	IS/MANAGERS	10.				Department of Stat	le	
9.	MANAGING MEMBER	RS/MANAGERS	TITLE	Me	A Rock	Florida	CHANGES Change	Addition	
9. TITLE NAME	MANAGING MEMBER MGRM PADDOCK, GEOFFREY L		TITLE NAME	Me	and dock	Florida	CHANGES Change	Addition	
9.	MANAGING MEMBER		TITLE	MG	Am padock 61 Su	Florida	Department of State	Addition	
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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: AND TYPED OR PRINTED NAME OF STORING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIV

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