

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000110172

1. Entity Name  
GIP, LLC



Principal Place of Business  
3236 MCINTOSH ROAD  
DOVER, FL 33527

Mailing Address  
3236 MCINTOSH ROAD  
DOVER, FL 33527

**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
27-3789554

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

DAVIS, STEVEN W  
3236 MCINTOSH ROAD  
DOVER, FL 33527

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000602690  
01/26/07-80100-018 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	DAVIS, STEVEN W
STREET ADDRESS	3236 MCINTOSH ROAD
CITY- ST- ZIP	DOVER, FL 33527
TITLE	MGRM
NAME	WATSON, RICHARD D
STREET ADDRESS	5710 TURKEY TREE LANE
CITY- ST- ZIP	PLANT CITY, FL 33567
TITLE	MGRM
NAME	WALKER, DAVID L
STREET ADDRESS	10060 RAMBLIN HINSON ROAD
CITY- ST- ZIP	LITHIA, FL 33547
TITLE	MGRM
NAME	BOSTON, BRET A
STREET ADDRESS	4010 POWERLINE ROAD
CITY- ST- ZIP	LITHIA, FL 33547
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/22/07 813 918 9642