

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000110172

Entity Name: GIP, LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

3236 MCINTOSH ROAD
DOVER, FL 33527

New Principal Place of Business:

Current Mailing Address:

3236 MCINTOSH ROAD
DOVER, FL 33527

New Mailing Address:

FEI Number: 27-3789554

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, STEVEN W
3236 MCINTOSH ROAD
DOVER, FL 33527 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DAVIS, STEVEN W
Address: 3236 MCINTOSH ROAD
City-St-Zip: DOVER, FL 33527

Title: MGRM () Delete
Name: WATSON, RICHARD D
Address: 5710 TURKEY TREE LANE
City-St-Zip: PLANT CITY, FL 33567

Title: MGRM () Delete
Name: WALKER, DAVID L
Address: 10060 RAMBLIN HINSON ROAD
City-St-Zip: LITHIA, FL 33547

Title: MGRM () Delete
Name: BOSTON, BRET A
Address: 4010 POWERLINE ROAD
City-St-Zip: LITHIA, FL 33547

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:

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

I hereby certify that the information supplied with this filing does not qualify 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: STEVE DAVIS

MGR

04/15/2009

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