



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000116087						
<small>1. Entity Name</small> GERARD MANAGEMENT COMPANY, LLC						
<small>Principal Place of Business</small> 2133 MISSION DRIVE NAPLES, FL 34109	<small>Mailing Address</small> 2133 MISSION DRIVE NAPLES, FL 34109					
DO NOT WRITE IN THIS SPACE						
		 02172008 No Chg-LLC CR2E083 (12/07)				
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%; padding: 2px;"><small>4. FEI Number</small> 74-3156298</td><td style="width: 20%; padding: 2px;"><small>Applied For</small> <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;"><small>5. Certificate of Status Desired</small> <input checked="" type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table>	<small>4. FEI Number</small> 74-3156298	<small>Applied For</small> <input type="checkbox"/> Not Applicable	<small>5. Certificate of Status Desired</small> <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
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<small>5. Certificate of Status Desired</small> <input checked="" type="checkbox"/> \$5.00 Additional Fee Required						
<small>6. Name and Address of Current Registered Agent</small>						
GALBRAITH, BRAD A 1045 CROSSPOINTE DRIVE SUITE 1 NAPLES, FL 34110	DO NOT WRITE IN THIS SPACE					
<small>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.</small>						
<small>SIGNATURE</small> <u>Brad Galbraith</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		<u>2-18-08</u> <small>DATE</small>				
<div style="display: flex; justify-content: space-between;"><div>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</div><div style="text-align: right;">U00000834635 02/28/08-80061-004 143.75</div></div>						
<small>9. MANAGING MEMBERS/MANAGERS</small>						
<small>TITLE</small>	MGR					
<small>NAME</small>	GERARD, JAMES F JR.					
<small>STREET ADDRESS</small>	2133 MISSION DRIVE					
<small>CITY-ST-ZIP</small>	NAPLES, FL 34109					
<small>TITLE</small>	MGR					
<small>NAME</small>	GERARD, MONTE M					
<small>STREET ADDRESS</small>	2133 MISSION DRIVE					
<small>CITY-ST-ZIP</small>	NAPLES, FL 34109					
<small>TITLE</small>						
<small>NAME</small>						
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<small>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.</small>						
<small>SIGNATURE</small> <u>Monte M. Gerard</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<u>2-19-08 239-984-</u> <small>Date Daytime Phone #</small>				