2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 10, 2008 08:00 AN Secretary of State

Daytime Phone #

| | ANNUA | LKEPUKI | | | 2 10, 2000 00.0 |
|--|--|---|----------------------------------|---|---|
| DOCUMENT # L05000119107 1. Entity Name G&D REALTY THREE, LLC | | | Secretary of Sta | | |
| Principal Plac | ce of Business | Mailing Address | | - | |
| | NE LAKE DRIVE | 12251 TOWNE LAKE DRIV | IF | | |
| FT. MYERS, I | | FT. MYERS, FL 33913 | - | | |
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| | | | 02062008 No Chg-LLC | CR2E083 (12/07) | |
| | | | 4. FEI Number | Applied For | |
| | | | | 20-3946487 | Not Applicable |
| ! | | | | 5. Certificate of Status Desired | S5.00 Additional Fee Required |
| | 6. Name and Address of Curre | nt Registered Agent | | | · · · · · · · · · · · · · · · · · · · |
| TIROL CE | ORGE | | | And the second of the second of | - N - 1 - 2 - 2 |
| Tibol, George 12251 Towne Lake Drive FT. MYERS, FL 33913 | | | | | |
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| | named entity submits this statement tions of registered agent. | for the purpose of changing its reg | gistered office or registe | red agent, or both, in the State of Flo | rida. I am familiar with, and accept |
| ine obliga | itoris or registered agent. | | | | |
| SIGNATURE. | Signature, typed or printed name of registered age | ent and title if applicable (NOTE, Re | gistered Agent signature require | d when reinstating) | DATE |
| | E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538. | 75 | | ŲQOQQ | 0853816 |
| 9. | MANAGING MEM | BERS/MANAGERS | | 03/26/08 | -80079-024-136.75 |
| TITLE | MGR | | | | |
| NAME STREET ADDRESS | TIBOL, GEORGE 12251 TOWNE LAKE DRIVE | | | | |
| CITY-ST-ZIP | FT. MYERS, FL 33913 | | | | |
| TIFLE | MGR | | | | |
| NAME | TIBOL, DAVID | | | | |
| STREET ADDRESS CITY-ST-ZIP | 12251 TOWNE LAKE DRIVE FT. MYERS, FL 33913 | | | | |
| TITLE | | | | | |
| NAME | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | * * * |
| TITLE | | | | | |
| NAME | · | | | | |
| STREET ADDRESS | | | | | |
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| TITLE NAME | | | | | |
| STREET ADDRESS | İ | | | | |
| C/TY - ST - ZIP | | | | | |
| TITLE | | | | | |
| NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 11. I hereby | certify that the information supplied | with this filing does not qualify for I | the exemptions contain | ed in Chapter 119, Florida Statutes. | I further certify that the information |
| indicated limited lis | I on this report is true and accurate a | and that my signature shall have the | ne same legal effect as | ii made under oath; that I am a ma anter 609. Florida Statutes | naging member or manager of the |

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