

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119517

Entity Name: G & T ENTERPRISES, LLC

FILED
Jun 18, 2007
Secretary of State

Current Principal Place of Business:

27 MONROE AVE.
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

27 MONROE AVE.
DEBARY, FL 32713

New Mailing Address:

FEI Number: 20-4216151 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

OAKLEY-WATSON, TRUDI
27 MONROE AVE.
DEBARY, FL 32713 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: MGRM () Delete
Name: OAKLEY-WATSON, TRUDI
Address: 27 MONROE AVE.
City-St-Zip: DEBARY, FL 32713

Title: MGRM () Delete
Name: WATSON, D. GENE
Address: 27 MONROE AVE.
City-St-Zip: DEBARY, FL 32713

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: BOWERS, RALPH V
Address: 27 MONROE AVE
City-St-Zip: DEBARY, FL 32713

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: TRUDI M OAKLEY-WATSON

MGRM

06/18/2007

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