2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# L06000001961

Entity Name: F.G.B.I. LLC

Current Principal Place of Business:

5822 SW 18TH ST
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

5822 SW 18TH ST
GAINESVILLE, FL 32608

New Mailing Address:

FEI Number: 20-5158984 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VANDER LAAN, WILLIAM A.A.
5822 SW 18TH ST
GAINESVILLE, FL 32608 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:	WYROSDICK, WILLIAM L JR	
Address:	PO BOX 206	
City-St-Zip:	CEDER KEY, FL 32625	
Title:	MGR	( ) Delete
Name:	VANDERLAAN, WILLIAM A. JR	
Address:	5822 SW 18TH ST	
City-St-Zip:	GAINESVILLE, FL 326085314	
Title:	MGR	( ) Delete
Name:	LANG, GREGORY D	
Address:	12411 GULF BOULEVARD	
City-St-Zip:	CEDER KEY, FL 32625	
Title:	MGR	( ) Delete
Name:	HIRNEISE, DAMIAM J	
Address:	2044 NW 36 TERRACE	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	MGR	( ) Delete
Name:	PATTERSON, DONALD E	
Address:	PO BOX 592	
City-St-Zip:	MICANOPY, FL 326670592	
Title:	MGR	( ) Delete
Name:	COLANDREO, DOMINIC S	
Address:	5925 SW 85TH STREET	
City-St-Zip:	GAINSVILLE, FL 32608	

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:	
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: WILLIAM L. WYROSDICK, JR. MGRM 04/03/2009

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