


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 JUN 19 AM 9:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L06000012260		
1. Entity Name GSDSUB, LTD. CO.		

Principal Place of Business 6445 DUNBERRY LANE NAPLES, FL 34119	Mailing Address 6445 DUNBERRY LANE NAPLES, FL 34119
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2. Principal Place of Business - No P.O. Box # 9210 ESTERO COMMONS PARK BLVD		3. Mailing Address	
Suite, Apt. #, etc. SUITE #6		Suite, Apt. #, etc.	
City & State ESTERO FL		City & State	
Zip 33928	Country USA	Zip	Country



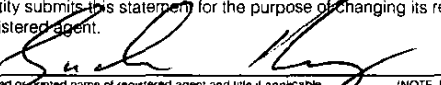
06112007 Chg-LLC CR2E083 (12/06)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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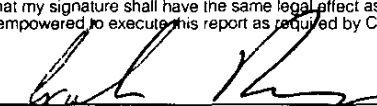
6. Name and Address of Current Registered Agent LYONS, RICHARD D 25241 ELEMENTARY WAY, SUITE 206 BONITA SPRINGS, FL 34135	
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7. Name and Address of New Registered Agent Name: GURCHANA S. DANG Street Address (P.O. Box Number is Not Acceptable): 9210 ESTERO COMMONS PARK BLVD SUITE 6 City: ESTERO FL Zip Code: 33928	
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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.	
SIGNATURE: 	DATE: 6-7-07

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JKD, LTD. CO. 6445 DUNBERRY LANE NAPLES, FL 34119 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700104678127 06/22/07--01001--009 ***550.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
SIGNATURE: 	DATE: 6-7-07 DAYTIME PHONE #: 2394490444