2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 09, 2007 8:00 am Secretary of State

DOCUMENT # L06000025823 1. Entity Name GARDNER FAMILY ENTERPRISES, LLC							01-09-200	7 90036 040 **	**50.00
Principal Place of Business 3503 DOE RUN DRIVE TALLAHASSEE, FL 32312			Mailing Address 3503 DOE RUN DRIVE TALLAHASSEE, FL 32312						
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01052007	Chg-LLC	CR2E083 (12/06	i)
City & State			City & State		4. FEI Number	447391	<i>-</i>	Applied For	
Zip	Zip Country		Zíp	Country		5. Certificate of	of Status Desired	□ \$5.00 A	dditional
	6. Name	and Address of Current	Registered Agent			7. Name and A	Address of New Ro		
GARDNER, WILLIAM H 3503 DOE RUN DRIVE TALLAHASSEE, FL 32312					Namo Street Address	(P.O. Box Number is Not Acceptable)			
		· ·			City		<u> </u>	FL Zip Co	
8. The above the obligat	named entity tions of regist	y submits this statement for tered agent.	or the purpose of changing its	registere	ed office or registe	red agent, or both	, in the State of Flor	rida. I am familiar witi	n, and accept
SIGNATURE	Signature, typed	or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature require	d when reinstating)	·	DATE	
Filing Fee is \$50.00 Due by May 1, 2007							Make check payable to Florida Department of State		
FD	lling Fee i ue by May	is \$50.00 y 1, 2007							
9.	·	is \$50.00 y 1, 2007 MANAGING MEMBE	RS/MANAGERS	10.				Department of Sta	
9. TITLE	MGRM	MANAGING MEMBE	RS/MANAGERS	TITLE			Florida	Department of Sta	ite
9.	MGRM GARDNEI			TITLE	E		Florida	Department of Sta	ite
9. TITLE NAME	MGRM GARDNEI 3503 DOE	MANAGING MEMBE		TITLE NAMI STRE			Florida	Department of Sta	ite
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM GARDNEI 3503 DOE TALLAHA MGRM	MANAGING MEMBE R, WILLIAM H E RUN DRIVE SSEE, FL 32312		TITLE NAMI STRE	E ET ADDRESS -ST-ZIP		Florida	Department of Sta	Addition
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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:

SIGNATURE:

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

Date

Date

Date

Date