

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000041373

Entity Name: GS ENTERPRISES, LLC

**FILED**  
**May 13, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

3550 UNIVERSITY BLVD., STE. 203  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

20 PARK AVE  
VERO BEACH, FL 32960

**Current Mailing Address:**

3550 UNIVERSITY BLVD., STE. 203  
JACKSONVILLE, FL 32216

**New Mailing Address:**

20 PARK AVE  
VERO BEACH, FL 32960

FEI Number: 20-4873580      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:**

BRENNAN, MANNA & DIAMOND, P.L.  
76 SOUTH LAURA STREET, STE. 2110  
JACKSONVILLE, FL 32202      US

**Name and Address of New Registered Agent:**

MN OAKS  
20 PARK AVE  
VERO PARK, FL 32960      US

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: M SPARKS

05/13/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MEDALIE, NEIL S DR.  
Address: 3790 7TH TERRACE, #102  
City-St-Zip: VERO BEACH, FL 32960

**ADDITIONS/CHANGES:**

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: N MEDALIE

MGR

05/13/2007

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