

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 8:00 am
Secretary of State

01-11-2007 90130 021 ****50.00

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01052007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000051955

1. Entity Name
GIFFORD ROAD PARTNERS LLC



Principal Place of Business
**5834 BAY HILL CIRCLE
LAKE WORTH, FL 22463**

Mailing Address
**5834 BAY HILL CIRCLE
LAKE WORTH, FL 22463**

2. Principal Place of Business - No P.O. Box #
5834 Bay Hill Circle

3. Mailing Address
5834 Bay Hill Circle

Suite, Apt. #, etc.

City & State
LAKE WORTH FL 33463

City & State
LAKE WORTH FL 33463

Zip
33463

Country
USA

Zip
33463

Country
USA

4. FEI Number
33-1138960

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**JONTIFF, SHELDON
5834 BAY HILL CIRCLE
LAKE WORTH, FL 22463**

7. Name and Address of New Registered Agent

Name
SHELDON JONTIFF

Street Address (P.O. Box Number is Not Acceptable)
5834 Bay Hill Circle

City
LAKE WORTH

FL
33463

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 **Sheldon Jontiff** **01/05/2007**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JONTIFF, SHELDON 5834 BAY HILL CIRCLE LAKE WORTH, FL 22463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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 **Sheldon Jontiff** **01/05/2007** **561-536-0535**

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

Date Daytime Phone #