2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000061267

1. Entity Name
GASTON MILE RUN, LLC



Principal Place of Business

10606 STATE ROAD 121 NORTH GAINESVILLE, FL 32653 Mailing Address

1901NW 67TH PLACE

GAINESVILLE, FL 32653

FILED Jul 10, 2008 08:00 AM Secretary of State



07082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-4964238

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GASTON, WILLIAM G III 10606 STATE ROAD 121 NORTH GAINESVILLE, FL 32653

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTF: Recistered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000954110 07/10/08-80011-019 138.75

MANAGING MEMBERS/MANAGERS 9. TITLE MGRM GASTON, WILLIAM G III NAME 10606 STATE RD 21 N STREET ADDRESS GAINESVILLE, FL 32653 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADORESS CITY-ST-ZIP NAME STREET ADDRESS

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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:

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

Date

Daytime Phone #