

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 APR 25 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L06000063025		1. Entity Name G CONTRACTING, LLC		
Principal Place of Business 2811-E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301		Mailing Address 2811-E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		BK
Zip	Country	Zip	Country	4. FEI Number 20-5155689
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
MANAUSA, DANIEL E 3520 THOMASVILLE ROAD TALLAHASSEE, FL 32309		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		
		FL		Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____				
Filing Fee is \$50.00 Due by May 1, 2007		BK		Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GHAZVINI, BEHZAD 2811-E INDUSTRIAL PLAZA DRIVE TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				600101626876 05/04/07--01059--013 **50.00
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: 4/24/07 Daytime Phone #: 514-1000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				



03302007 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

BK

**Make check payable to
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