

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065410

Entity Name: GIGABYTES, L.L.C

FILED
Apr 11, 2009
Secretary of State

Current Principal Place of Business:

149 ABACO WAY
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

228 ST. THOMAS ST.
ST. AUGUSTINE, FL 32095

Current Mailing Address:

149 ABACO WAY
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

228 ST. THOMAS ST.
ST. AUGUSTINE, FL 32095

FEI Number: 74-3182198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEELY, PHILIP C II
149 ABACO WAY
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

SEELY, PHILIP C II
228 ST. THOMAS ST.
ST. AUGUSTINE, FL 32095 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: PHILIP C. SEELY, II

04/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SEELY, PHILIP C II
Address: 149 ABACO WAY
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SEELY, PHILIP C II
Address: 228 ST. THOMAS ST
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: MGR () Change (X) Addition
Name: SEELY, TANYA L
Address: 228 ST. THOMAS ST.
City-St-Zip: ST. AUGUSTINE, FL 32095

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: PHILIP C. SEELY, II

MGRM

04/11/2009

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