

FILED
Jun 14, 2007 8:00 am
Secretary of State

04-25-2007 90133 001 ***650.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000067398			
1. Entity Name GAP WEDGE PROPERTIES, LLC			
Principal Place of Business 9801 LAKE NONA ROAD ORLANDO, FL 32827		Mailing Address 9801 LAKE NONA ROAD ORLANDO, FL 32827	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
State, Apt. P. etc.		State, Apt. P. etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-2117450		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Add-on Fee Required	
6. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. 420 SOUTH ORANGE AVENUE, STE. 1200 ORLANDO, FL 32801		7. Name and Address of New Registered Agent 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.			
Filing Fee to \$50.00 Due by May 1, 2007		Make Check payable to Florida Department of State	
9. MANAGING MEMBER/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
		MEMBER Voss, Jefferson R. 9801 Lake Nona Rd. Orlando, FL 32827	
		MEMBER Lake Nona Estates I, LLC 9801 Lake Nona Rd. Orlando, FL 32827	
		VP Aynard, Christopher 9801 Lake Nona Rd. Orlando, FL 32827	
		VP Zboril, James 9801 Lake Nona Rd. Orlando, FL 32827	
		VP Ferguson, Lowell 9801 Lake Nona Rd. Orlando, FL 32827	
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 605, Florida Statutes.			
SIGNATURE: 		Date	
SIGNATURE AND OFFICE OF PREVIOUS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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