## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

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

## FILED Aug 22, 2007 8:00 am Secretary of State

Daytime Phone #

							ury or S	
DOCUMENT # L06000069760  1. Entity Name GILLMAN ENTERPRISES, L.L.C.							90051 015 ****	
Principal Plac	e of Business	Mailing Address			7			
Principal Place of Business P.O. BOX 358 GULF HAMMOCK, FL 32639		P.O. BOX 358 GULF HAMMOCK, FL 32639		60055066				
							<b></b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06262007	Chg-LLC	CR2E083 (12/06	:\	
City & Class				30202007	Olig-CEO	C12E003 (12/00	' <i>)</i>	
City & State		City & State		4. FEI Numbe	、スフラス	√3 H	Applied For Not Applicable	
Zip	Country Zip Con		Country	у		of Status Desired	□ \$5.00 A	dditional
	6 Name and Address of Current S	Pagistared Agent	1 ,			A dalam a a se blance	Fee Requi	red
	6. Name and Address of Current F	radistatan Watti		Name	7. Name and	Address of New F	registered Agent	
WACHS, J	JEFFREY S ESQ.		Ivane					
1177 S.E. 3RD AVENUE FT. LAUDERDALE, FL 33316				Street Addres	s (P.O. Box Numbe	r is Not Acceptable	e)	
				City			FL Zip Co	de
8. The above the obligation	named entity submits this statement for tions of registered agent.	the purpose of changing its	s registered	d office or regis	tered agent, or both	h, in the State of Flo	orida. I am familiar witi	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a		T. D					
	ognisione, typed or printed harrie or registered again a	nu live il applicabile. (NO:		Agent signature requi	red when reinstating)		DATE	
Filing Fee is \$50.00 Due by September 14, 2007					Make check payable to Florida Department of State			
Due b							• •	
Due b		RS/MANAGERS	10.			Florid	a Department of Sta	
	by September 14, 2007	RS/MANAGERS	10.				A Department of Sta	nte
9.	by September 14, 2007  MANAGING MEMBER	<u>_</u>				Florid	a Department of Sta	nte
9.	MANAGING MEMBER MGR GILLMAN, RONALD C P.O. BOX 358	<u>_</u>	TITLE NAME	ADDRESS		Florid	A Department of Sta	nte
9. TITLE NAME	MANAGING MEMBER MGR GILLMAN, RONALD C	<u>_</u>	TITLE NAME			Florid	A Department of Sta	nte
9. IIILE NAME STREET ADDRESS	MANAGING MEMBER MGR GILLMAN, RONALD C P.O. BOX 358	<u>_</u>	TITLE NAME STREET			Florid	A Department of Sta	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR GILLMAN, RONALD C P.O. BOX 358 GULF HAMMOCK, FL 32639 MGR GILLMAN, LINDA D	☐ Delete	TITLE NAME STREET CITY-S			Florid	a Department of Sta /CHANGES  ☐ Change	Addition
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