

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093209

Entity Name: GAPS CONSULTANTS, LLC

FILED  
Aug 15, 2007  
Secretary of State

**Current Principal Place of Business:**

8203 N.W. 31ST AVENUE, APT. E25  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

8203 N.W. 31ST AVENUE,  
APT. E-25  
GAINESVILLE, FL 32606

**Current Mailing Address:**

8203 N.W. 31ST AVENUE, APT. E25  
GAINESVILLE, FL 32606

**New Mailing Address:**

8203 N.W. 31ST AVENUE,  
APT. E-25  
GAINESVILLE, FL 32606

FEI Number: 51-0614041      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BRADEN, LISA  
4623 FOREST HILL BLVD, STE 111  
WEST PALM BEACH, FL 33415 US

**Name and Address of New Registered Agent:**

KLINE, ANNIE P  
356 SW MIRACLE COURT  
LAKE CITY, FL 32024 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: ANNIE P. KLINE

08/15/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VANTERPOOL, JOYCELYN  
Address: 8203 N.W. 31ST AVENUE, APT. E25  
City-St-Zip: GAINESVILLE, FL 32606

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOYCELYN VANTERPOOL

MGRM

08/15/2007

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