## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L06000098997 1. Entity Name G PROPERTIES LLC



FILED Jul 18, 2008 08:00 AM Secretary of State

Principal Place of Business

DESTIN, FL 32541

1126 QUAIL CIRCLE

Mailing Address

1126 QUAIL CIRCLE DESTIN, FL 32541

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07082008 No Chg-LLC CR2

CR2E083 (12/07)

4. FEI Number 20-5690421

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOODSON, GREGORY 1126 QUAIL CIRCLE DESTIN, FL 32566

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and the company of the property and a

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

9.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

TITLE MGRM GOODSON, GREGORY NAME 1126 QUAIL CIRCLE STREET ADDRESS CITY-ST-ZIP DESTIN, FL 32541 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

MANAGING MEMBERS/MANAGERS

U00000955522 07/18/08-80001-014 138.75

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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 accordate 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR ENINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

B Goodson 7-14-08 8506501070

Daytime Phone #