

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Mar 28, 2007
Secretary of State**

DOCUMENT# L06000109732

Entity Name: GML PROPERTIES, LLC

Current Principal Place of Business:

4809 SE 33RD ST
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

4809 SE 33RD ST
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 20-5988209 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YANDLE, MARK A II
4809 SE 33RD ST
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: YANDLE, MARK A II
Address: 4809 SE 33RD ST
City-St-Zip: Ocala, FL 34471 US

Title: MGRM () Delete
Name: HOFFMAN, GRANT M
Address: 4809 SE 33RD ST
City-St-Zip: Ocala, FL 34471 US

Title: MGRM () Delete
Name: YANDLE, MARDI A
Address: 4809 SE 33RD ST
City-St-Zip: Ocala, FL 34471 US

Title: MGRM () Delete
Name: YANDLE, LOGAN F
Address: 4809 SE 33RD ST
City-St-Zip: Ocala, FL 34471 US

ADDITIONS/CHANGES:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK A YANDLE II

MGR

03/28/2007

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