

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122353

FILED
Mar 20, 2009
Secretary of State

Entity Name: G-KIDS LLC

Current Principal Place of Business:

203 TORREY PINES PT.
NAPLES, FL 34113 US

New Principal Place of Business:

Current Mailing Address:

203 TORREY PINES PT.
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 20-8134150

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, SHADE
203 TORREY PINES PT.
NAPLES, FL 34113 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: MGRM () Delete
Name: JONES, SHADE
Address: 203 TORREY PINES PT.
City-St-Zip: NAPLES, FL 34113

Title: MGRM () Delete
Name: GONZALEZ, MISTI
Address: 303 WELLINGTON AVE.
City-St-Zip: LEHIGH ACRES, FL 33972

Title: MGRM () Delete
Name: JONES, DAMON
Address: 731 PINE CREST LANE
City-St-Zip: NAPLES, FL 34104

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:

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: SHADE JONES

MGRM

03/20/2009

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