

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080043

Entity Name: GECKO, LLC

FILED  
Apr 28, 2008  
Secretary of State

**Current Principal Place of Business:**

2737 HAMMOND COURT  
SMYMA, GA 30080

**New Principal Place of Business:**

**Current Mailing Address:**

2737 HAMMOND COURT  
SMYMA, GA 30080

**New Mailing Address:**

FEI Number: 39-2059929

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PLATT, DAVID M  
1648 PERIWINKLE WAY, SUITE B  
SANIBEL, FL 33957 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: WARD, THOMAS P  
Address: 663 KENILWORTH AVENUE  
City-St-Zip: GLEN ELLYN, IL 60137

Title: MGR ( ) Delete  
Name: BARBER, J. SHAWN  
Address: 25 PARKSHORE POINT  
City-St-Zip: NEWNAN, GA 30263

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGR ( ) Change (X) Addition  
Name: GONCHER, MARIANNE  
Address: 2737 HAMMOND COURT  
City-St-Zip: SMYMA, GA 30080

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: THOMAS P. WARD

MGR

04/28/2008

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