

04-11-2008 90180 021 ***138.75

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08 JUN -5 PM 12:37

SECRETARY OF STATE
TALLAHASSEE FLORIDA

30006242



04092008 Chg-LLC CR2E083 (12/08)

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000114888					
1. Entity Name GILKEY ADVISORS, LLC					
Principal Place of Business 8891 BRIGHTON LANE, STE 117 BONITA SPRINGS, FL 34135			Mailing Address 8891 BRIGHTON LANE, STE 117 BONITA SPRINGS, FL 34135		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 35-2317673	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GILKEY, DENNIS E. 8891 BRIGHTON LANE, STE 117 BONITA SPRINGS, FL 34135			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 this obligation of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when removing)					
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	Managing Member	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	Dennis E. Gilkey		NAME		
STREET ADDRESS	8891 Brighton Lane Suite 117		STREET ADDRESS		
CITY- ST- ZIP	Bonita Springs FL 34135		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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 accurate 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 4/09/08					