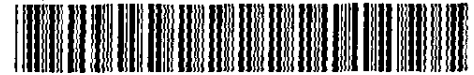


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L94000000663		
1. Entity Name G/G, L.C.		

Principal Place of Business 3815 N OSPREY AVE SARASOTA FL 34234	Mailing Address P.O. BOX 698 SARASOTA FL 34230
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/05)

4. FEI Number 65-0544373	Applied For ☐ Not Applied
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ELWELL, ALAN M 3815 N OSPREY AVE SARASOTA FL 34234
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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 the obligations of registered agent.

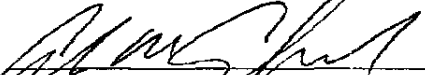
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)	DATE
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FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	☐ Delete		TITLE		☐ Change	☐ Add
NAME	ATCO, INC.			NAME			
STREET ADDRESS	3815 N OSPREY AVE			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34234			CITY-ST-ZIP			
TITLE	MGRM	☐ Delete		TITLE		☐ Change	☐ Add
NAME	BURT K. ROGERS TRUST			NAME			
STREET ADDRESS	3815 N OSPREY AVE			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34234			CITY-ST-ZIP			
TITLE	MGRM	☐ Delete		TITLE		☐ Change	☐ Add
NAME	HESSER, HAROLD M			NAME			
STREET ADDRESS	4714 ACORN CIR			STREET ADDRESS			
CITY-ST-ZIP	BRADENTON FL 34233			CITY-ST-ZIP			
TITLE	MGRM	☐ Delete		TITLE		☐ Change	☐ Add
NAME	MILHOLLAND, JACK W JR			NAME			
STREET ADDRESS	6885 CORAL CIRCLE			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34207			CITY-ST-ZIP			
TITLE	MGRM	☐ Delete		TITLE		☐ Change	☐ Add
NAME	ELWELL, ALAN M			NAME			
STREET ADDRESS	3311 WEBBRE WOODS DR			STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

U000000505621
04/26/06-80121-025 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **4/10/06** (941) 355-7000