2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# L94000000663

Entity Name: G/G, L.C.

Current Principal Place of Business:

3815 N OSPREY AVE
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 698
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 65-0544373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ELWELL, ALAN M
3815 N OSPREY AVE
SARASOTA, FL 34234 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:	ATCO, INC.	
Address:	3815 N OSPREY AVE	
City-St-Zip:	SARASOTA, FL 34234	
Title:	MGRM	( ) Delete
Name:	BURT K. ROGERS TRUST	
Address:	3815 N OSPREY AVE.	
City-St-Zip:	SARASOTA, FL 34234	
Title:	MGRM	( ) Delete
Name:	HESSER, HAROLD M	
Address:	4714 ACORN CIR	
City-St-Zip:	BRADENTON, FL 34233	
Title:	MGRM	( ) Delete
Name:	MILHOLLAND, JACK W JR	
Address:	6885 CORAL CIRCLE	
City-St-Zip:	SARASOTA, FL 34207	
Title:	MGRM	( ) Delete
Name:	ELWELL, ALAN M	
Address:	3311 WEBBRE WOODS DR	
City-St-Zip:	SARASOTA, FL	

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:	
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: ALAN M. ELWELL MGRM 03/30/2009

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