


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90099 007 \*\*\*\*50.00

<b>DOCUMENT #</b> L97000000081	
<b>1. Entity Name</b> GORHAM INVESTMENT GROUP, L.C.	

<b>Principal Place of Business</b> 1939 EBB TIDE COURT AMELIA ISLAND, FL 32034	<b>Mailing Address</b> 1939 EBB TIDE COURT AMELIA ISLAND, FL 32034
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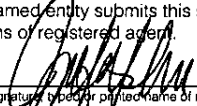
<b>2. Principal Place of Business</b> 1276 Quattlefield Rd. Suite, Apt. #, etc.	<b>3. Mailing Address</b> P.O. Box 15337 Suite, Apt. #, etc. 1276 Quattlefield Rd. City & State Amelia Island FL Zip 32034 Country USA
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01262004 Chg-LLC CR2E083 (10/03)

<b>6. Name and Address of Current Registered Agent</b> GORHAM, JOHN S 1939 EBB TIDE COURT AMELIA ISLAND, FL 32034	
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<b>7. Name and Address of New Registered Agent</b> Name Gorham, John S. Street Address (P.O. Box Number is Not Acceptable) 1276 Quattlefield Rd. City Amelia Island FL Zip Code 32034	
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**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:  John S Gorham 2-4-04  
(NOTE: Registered Agent signature required when reinstating) (DATE)

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORHAM, JOHN S 1939 EBB TIDE CT. AMELIA IS., FL 32034 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gorham, John S. 1276 Quattlefield Rd. Amelia Island FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.**

<b>SIGNATURE:</b> 	2-4-04 (904) 545-0475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #