


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000000126 1. Entity Name GDN NO. 1, L.L.C.	
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Principal Place of Business 102 SUNSET LANE SHALIMAR, FL 32579	Mailing Address P.O. BOX 343 SHALIMAR, FL 32579
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DO NOT WRITE IN THIS SPACE



04302007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3567105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NABORS, JAMES E
 17 LONGWOOD DR.
 SHALIMAR, FL 32579

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

Filing Fee is \$50.00
Due by May 1, 2007

000000756777
 05/23/07-80045-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NABORS, JAMES E 17 LONGWOOD DRIVE SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILBERT, CONNIE 29 LONGWOOD DRIVE SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DARNELL, SHARILYN 1 LONGWOOD DRIVE SHALIMAR, FL 32579
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4/30/07** **850/651-2066**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #