



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L99000000127 1. Entity Name GDN NO.2, L.L.C.		
Principal Place of Business 102 SUNSET LANE SHALIMAR, FL 32579		Mailing Address P.O. BOX 343 SHALIMAR, FL 32579
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NABORS, JAMES E 17 LONGWOOD DRIVE SHALIMAR, FL 32579		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and true if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
U00000756788 05/23/07-80045-010 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	
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DO NOT WRITE IN THIS SPACE		
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:  James E. Nabors 4/30/07 850/651-2066 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		