

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000127

Entity Name: GDN NO.2, L.L.C.

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

102 SUNSET LANE  
SHALIMAR, FL 32579

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 343  
SHALIMAR, FL 32579

**New Mailing Address:**

FEI Number: 59-3567104

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NABORS, JAMES E  
102 SUNSET LANE  
SHALIMAR, FL 32579 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: MGR ( ) Delete  
Name: NABORS, JAMES E  
Address: 102 SUNSET LANE  
City-St-Zip: SHALIMAR, FL 32579

Title: MGRM ( ) Delete  
Name: GILBERT, CONNIE  
Address: 29 LONGWOOD DRIVE  
City-St-Zip: SHALIMAR, FL 32579

Title: MGRM ( ) Delete  
Name: DARNELL, SHARILYN  
Address: 1 LONGWOOD DRIVE  
City-St-Zip: SHALIMAR, FL 32579

**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:

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: JAMES E NABORS

MGR

04/27/2009

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