# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L99000000128**

**1.** Entity Name
GDN NO.3, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 102 SUNSET LANE<br>SHALIMAR, FL 32579 | P.O. BOX 343<br>SHALIMAR, FL 32579 |

03182004 No Chg-LLC          CR2E083 (10/03)

| 4. FEI Number | Applied For |
|---|---|
| 59-3567103 | Not Applicable |

5. Certificate of Status Desired    ☐    **$5.00** Additional Fee Required

## DO NOT WRITE IN THIS SPACE

### 6. Name and Address of Current Registered Agent

NABORS, JAMES E
17 LONGWOOD DRIVE
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 reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2004**

U00000105618
04/07/04--80032--023 50.00

### 9. MANAGING MEMBERS/MANAGERS

| TITLE | MGR |
|---|---|
| NAME | NABORS, JAMES E |
| STREET ADDRESS | 17 LONGWOOD DRIVE |
| CITY-ST-ZIP | SHALIMAR, FL 32579 |
| TITLE | MGRM |
| NAME | GILBERT, CONNIE |
| STREET ADDRESS | 29 LONGWOOD DRIVE |
| CITY-ST-ZIP | SHALIMAR, FL 32579 |
| TITLE | MGRM |
| NAME | DARNELL, SHARILYN |
| STREET ADDRESS | 1 LONGWOOD DRIVE |
| CITY-ST-ZIP | SHALIMAR, FL 32579 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

## DO NOT WRITE IN THIS SPACE

**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.

SIGNATURE: _____    3/28/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #