


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90308 006 ***138.75

| | | | | | |
|--|---|-----|---|---|--|
| DOCUMENT # L99000000128 1. Entity Name GDN NO.3, L.L.C. | | | |  | |
| Principal Place of Business 102 SUNSET LANE SHALIMAR, FL 32579 | | | Mailing Address P.O. BOX 343 SHALIMAR, FL 32579 | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3567103 | |
| 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 DRIVE SHALIMAR, FL 32579 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 102 Sunset Lane City Shalimar FL Zip Code 32579 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR NABORS, JAMES E 17 LONGWOOD DRIVE SHALIMAR, FL 32579 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 102 Sunset Lane 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 | Change Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM DARNELL, SHARILYN 1 LONGWOOD DRIVE SHALIMAR, FL 32579 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Change Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Change Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Change Addition | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | Change Addition | |
| 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: _____ | | | Date 4/15/08 Daytime Phone # 850/651-2066 | | |