


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000000130 1. Entity Name GDN NO.5, 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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04032006No Chg-LLC

CRZE083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3567101	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 DRIVE SHALIMAR, FL 32579

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

**Filing Fee is \$50.00
Due by May 1, 2006**

8. 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 606, Florida Statutes.

SIGNATURE:  **James E. Nabors** 4/6/06 850/651-2066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Office Phone If