

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-21-2008 90308 044 \*\*\*138.75

**DOCUMENT # L99000000130**

1. Entity Name  
GDN NO.5, 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

04142008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
59-3567101

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-instating)

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

TITLE MGR... ☐ Delete  
NAME NABORS, JAMES E  
STREET ADDRESS 17 LONGWOOD DRIVE  
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE MGRM ☐ Delete  
NAME GILBERT, CONNIE  
STREET ADDRESS 29 LONGWOOD DRIVE  
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE MGRM ☐ Delete  
NAME DARNELL, SHARILYN  
STREET ADDRESS 1 LONGWOOD DRIVE  
CITY-ST-ZIP SHALIMAR, FL 32579

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 102 Sunset Lane  
CITY-ST-ZIP Shalimar, FL 32579

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/17/08

Date

850/651-2066

Daytime Phone #