

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90200 004 \*\*\*\*50.00

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|---|--|---|--|--|--|
| <b>DOCUMENT # L99000002990</b>  |  |   |  |  |  |
| <b>1. Entity Name</b><br>G. G. & J. OF COCOA BEACH, L.C.  |  |   |  |  |  |
| <b>Principal Place of Business</b><br>249 WEST COCOA BEACH CAUSEWAY<br>COCOA BEACH, FL 32931  |  |   | <b>Mailing Address</b><br>249 WEST COCOA BEACH CAUSEWAY<br>COCOA BEACH, FL 32931 |  |  |
| <b>2. Principal Place of Business</b><br>5800 N Banana River Blvd.<br>Suite, Apt. #, etc.<br>Unit 225<br>City & State<br>Cape Canaveral, FL<br>Zip<br>32920<br>Country<br>Brevard   |  | <b>3. Mailing Address</b><br>5800 N. Banana River Blvd<br>Suite, Apt. #, etc.<br>Unit 225<br>City & State<br>Cape Canaveral, FL<br>Zip<br>32920<br>Country<br>Brevard |  |  |  |
| 03082006    Chg-LLC    CR2E083 (11/05)  |  | <b>4. FEI Number</b><br>65-0922125  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required   |  |   |  | <b>6. Name and Address of Current Registered Agent</b><br>MARTIN, GLENDA J<br>249 WEST COCOA BEACH CAUSEWAY<br>COCOA BEACH, FL 32931   |  |
| <b>7. Name and Address of New Registered Agent</b><br>Name<br>Martin, Glenda J.<br>Street Address (P.O. Box Number is Not Acceptable)<br>5800 N Banana River Blvd<br>Unit 225<br>City<br>Cape Canaveral <b>FL</b> Zip Code<br>32920   |  |   |  | <b>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.</b><br>SIGNATURE <u>Glenda Martin</u> <b>GLENDA MARTIN MANAGING MEMBER</b> <u>Mar. 16, 06</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>   |  | Make check payable to<br><b>Florida Department of State</b>   |  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |   | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGRM<br>MARTIN, GLENDA J<br>5800 N. BANANA RIVER RIVER, #225<br>CAPE CANAVERAL, FL 32920 | <input type="checkbox"/> Delete   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |  |
| <b>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.</b> |  |   |  |  |  |
| <b>SIGNATURE</b> <u>Glenda Martin</u> <b>GLENDA MARTIN</b> <u>Mar. 16, 06</u> <u>321 7959880</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>   |  |   |  |  |  |