

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**


03-31-2008 90262 010 \*\*\*138.50  
L99000002990

**FILED**

08 APR 21 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L99000002990**  
1. Entity Name  
G. G. & J. OF COCOA BEACH, L.C.



Principal Place of Business 5800 N. BANANA RIVER BLVD. UNIT 255 CAPE CANAVERAL, FL 32920	Mailing Address 5800 N. BANANA RIVER BLVD. UNIT 255 CAPE CANAVERAL, FL 32920
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**DO NOT WRITE IN THIS SPACE**



03052008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-0922125	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
  
MARTIN, GLENDA J  
5800 N. BANANA RIVER BLVD.  
UNIT 255  
CAPE CANAVERAL, FL 32920

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARTIN, GLENDA J 5800 N. BANANA RIVER RIVER, #225 CAPE CANAVERAL, FL 32920
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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 608, Florida Statutes.

SIGNATURE: Glenda J Martin Date: Apr. 10, 2008 321-299  
4880  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE