

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90038 020 *****50.00

DOCUMENT # L99000006140

1. Entity Name
G&D INVESTMENTS I, LLC



Principal Place of Business
**7762 SILVERBELL DRIVE
SARASOTA, FL 34241**

Mailing Address
**7762 SILVERBELL DRIVE
SARASOTA FL 34241**

2. Principal Place of Business
**GLENN DUFFY
4874 CHERRY LAUREL CIRCLE
SARASOTA, FL 34241 USA**

3. Mailing Address
**GLENN DUFFY
4874 CHERRY LAUREL CIRCLE
SARASOTA, FL 34241 USA**



ADDRESS
☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0934402**

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DUFFY, GLENN E
7762 SILVERBELL DRIVE
SARASOTA FL 34241**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DUFFY, GLENN E
4874 CHERRY LAUREL CIRCLE
SARASOTA FL 34241** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DUFFY, DUANE A
7720 WEST JEFFERSON AVENUE, SUITE 212
LAKEWOOD CO 80235** ☐ Delete

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

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)

0063545