2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000006235

1. Entity Name
GYRE STRATEGIES, LLC

Principal Place of Business	Mailing Address
222 WEST GEORGIA STREET TALLAHASSEE, FL 32301	P.O. BOX 11274 TALLAHASSEE, FL 32302

DO NOT WRITE IN THIS SPACE

03162004No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3600499

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

CRONA, WILLIAM D
222 WEST GEORGIA STREET
TALLAHASSEE, FL 32301

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

Filing Fee is $50.00
Due by May 1, 2004

000000092848
03/19/04-80025-012 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	LEWIS, A. EUGENE
STREET ADDRESS	222 WEST GEORGIA STREET
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	MGR
NAME	WHITE, MARLON V
STREET ADDRESS	222 WEST GEORGIA ST.
CITY-ST-ZIP	TALLAHASSEE, FL 32301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Marlon White 3-18-04 435 5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #