2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 16, 2007 08:00 All Secretary of State DOCUMENT # L99000007928 1. Entity Name G & S PROPERTIES, L.L.C. Principal Place of Business Maiting Address 718 SOUTH LAKE ADAIR ORLANDO FL 32804 718 SOUTH LAKE ADAIR ORLANDO FL 32804 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 59-3620960 Not Applicable Zιρ Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPEARS, GLEN K Street Address (P.O. Box Number is Not Acceptable) 718 SOUTH LAKE ADAIR ORLANDO FL 32804 City 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, typed or printed name of registered agont and title if applicable, (NOTE: Registered Ageni signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE TITLE MGRM Delete ☐ Addition Unnonn77523 NAME NAME SPEARS, GLEN K 04/24/07-80076-025 50.00 STREET ADDRESS STREET ADDRESS 718 SOUTH LAKE ADAIR CITY ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 IIILE ☐ Delete TITLE Change ■ Addition MGRM NAME NAME MCMILLAN, SHELLEY S STREET ADDRESS 3028 PLANTERS WALK COURT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP CHARLOTTE NC 28210 TITLE, Delete HILE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP THIE Delete TITLE __ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP IIILE □ Defete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED