

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90079 005 ****50.00

DOCUMENT # M00000001624

1. Entity Name
GF INCOME INVESTORS LLC



20004396



01052005No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
51-0395306

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEDARD, JULIE M
ONE N. CLEMATIS, STE. 320
WEST PALM BEACH, FL 33401

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GUBELMANN, WILLIAM
STREET ADDRESS	ONE NORTH CLEMATIS STE 320
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	MGRM
NAME	GUBELMANN, JAMES B
STREET ADDRESS	ONE NORTH CLEMATIS STE 320
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	MGRM
NAME	GUBELMANN, MARJORIE
STREET ADDRESS	ONE NORTH CLEMATIS STE 320
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	MGRM
NAME	GUBELMANN, WYETH S
STREET ADDRESS	ONE NORTH CLEMATIS STE 320
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	MGRM
NAME	Gubelmann, Phoebe G.
STREET ADDRESS	One North Clematis, Suite 320
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #