


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2005 8:00 am
Secretary of State

07-26-2005 90005 022 ****50.00

DOCUMENT # M00000002546	
1. Entity Name CRAIG GANAS, LLC	

Principal Place of Business 308 WEST DAME AVENUE HOMERVILLE, GA 31634	Mailing Address 308 WEST DAME AVENUE HOMERVILLE, GA 31634
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20065563

2. Principal Place of Business 179 West Dame Ave	3. Mailing Address 179 West Dame Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.



City & State Homerville Ga	City & State Homerville Ga
Zip 31634	Country
Zip 31634	Country

07182005 Chg-LLC CR2E083 (10/03)

4. FEI Number 58-2525877	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent HODGES, ANNE G CPA 85 NE 126TH ST CROSS CITY, FL 32628	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GANAS, CRAIG 308 WEST DAME AVE. HOMERVILLE, GA 31634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	179 West Dame Avenue Homerville, Ga 31634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Craig Ganas <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	Craig Ganas, Managing Member 352-213 6250 <small>Date Daytime Phone #</small>