


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90177 033 \*\*\*\*50.00

<b>DOCUMENT # M02000002175</b>	
1. Entity Name <b>GIBBS INVESTMENTS, LLC</b>	

Principal Place of Business <b>2101 PARK CENTER DRIVE, SUITE 210 ORLANDO, FL 32835</b>	Mailing Address <b>2101 PARK CENTER DRIVE, SUITE 210 ORLANDO, FL 32835</b>
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2. Principal Place of Business - No P.O. Box # <b>5312 Isleworth Country Club Dr.</b> Suite, Apt. #, etc.	3. Mailing Address <b>5312 Isleworth Country Club Dr.</b> Suite, Apt. #, etc.
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City & State <b>Windermere, FL</b>	City & State <b>Windermere, FL</b>
Zip <b>34786</b>	Country <b>USA</b>
Zip <b>34786</b>	Country <b>USA</b>

03192007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>59-3733103</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>G&amp;L AGENT SERVICES, INC. 390 NORTH ORANGE AVE., SUITE 600 ORLANDO, FL 32801</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GIBBS, JOSEPH E 2101 PARK CENTER DRIVE, SUITE 210 ORLANDO, FL 32835</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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 exemptions contained in Chapter 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.

**SIGNATURE:** Joseph E. Gibbs Joseph E. Gibbs 3/20/07 407.876.5704  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #