2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M05000005412

Entity Name
 G&F INVESTMENT PROPERTIES, LLC



FILED Jan 27, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

735 WOODMERE AVENUE TRAVERSE CITY, MI 49686 735 WOODMERE AVENUE TRAVERSE CITY, MI 49686



01132006 No Chg-LLC

CR2E083 (11/05)

4. FE! Number 20-2078436 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KOACH, KRAIG H 1530 CROSS STREET SARASOTA, FL 34236

NAME STREET ADDRESS CITY-ST-7IP

DO NOT WRITE IN THIS SPACE

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8. The above the obliga	e named entity submits this statement for the purpose of cha- tions of registered agent.	anging its registered	d office or registered agent, or bo	th, in the State of Florida. I am famili	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered	Agent signature required when reinstating)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2006			1,000,0040,3891 02,06,706-800,25-001	3 50.00
9.	MANAGING MEMBERS/MANAGERS			· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SORENSEN, FRED W 735 WOODMERE AVENUE TRAVERSE CITY, MI 49686	· · · ·		s in the control of t	e e e e e e e e e e e e e e e e e e e
TITLE NAME STREET ADDRESS CATY-ST-ZIP	MGR GARVIN, GARY J 735 WOODMERE AVENUE TRAVERSE CITY, MI 49686				
TITLE NAME STREET ADDRESS CITY-SI-ZIP			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u> - 1</u> 111	Table 1	

11. I hereby certify that the Information supplied with this filling 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 shalf 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 employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-16-00 Date - D

Daylima Phone #