

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M05000005412</b>	
1. Entity Name <b>G&amp;F INVESTMENT PROPERTIES, LLC</b>	

Principal Place of Business <b>735 WOODMERE AVENUE TRAVERSE CITY, MI 49686</b>	Mailing Address <b>735 WOODMERE AVENUE TRAVERSE CITY, MI 49686</b>
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DO NOT WRITE IN THIS SPACE



01142008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-2078436</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**KOACH, KRAIG H  
1530 CROSS STREET  
SARASOTA, FL 34236**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SORENSEN, FRED W 735 WOODMERE AVENUE TRAVERSE CITY, MI 49686</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GARVIN, GARY J 735 WOODMERE AVENUE TRAVERSE CITY, MI 49686</b>
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02/12/08-80067-010 138.75

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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: Gary J Garvin** **1-17-08** **231-620-0111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #