

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006172

FILED
Apr 29, 2009
Secretary of State

Entity Name: GAVIN REAL ESTATE LIMITED LIABILITY COMPANY

Current Principal Place of Business:

15620 MCGREGOR BOULEVARD
FT. MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

15620 MCGREGOR BOULEVARD
FT. MYERS, FL 33908

New Mailing Address:

FEI Number: 20-3723322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGVALSON, KINLEY
ROBERTS & ENGVALSON LAW OFFICE
1920 VICTORIA AVENUE
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GAVIN, KENNETH E
Address: 102 CARDINAL LANE
City-St-Zip: GRAND ISLAND, NY 14072

Title: MGR () Delete
Name: GAVIN, JOHN L
Address: 205 RISING SUN LANE
City-St-Zip: OLD HICKORY, TN 37128

Title: MGR () Delete
Name: GAVIN, GERALD S
Address: 2496 LINWOOD AVENUE
City-St-Zip: NIAGARA FALLS, NY 143053104

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KENNETH E. GAVIN

MGR

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date