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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000006873 1. Entity Name GUESERVCO, LLC						FILED 07 APR 26 PM 2:02 FLORIDA STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 3055 PROSPERITY AVE. FAIRFAX, VA 22031				Mailing Address 3055 PROSPERITY AVE. FAIRFAX, VA 22031				
2. Principal Place of Business - No P.O. Box #				3. Mailing Address				
Suite, Apt. #, etc.				Suite, Apt. #, etc.				
City & State				City & State				
Zip		Country		Zip		Country		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____								
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GABRYS, GERARD 3055 PROSPERITY AVE. FAIRFAX, VA 22031 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;"> 300103025593 05/22/07--01035--011 **500.00 </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARQUIS, JEFFREY A 3055 PROSPERITY AVE. FAIRFAX, VA 22031 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;">  </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRICE, BARRY G 9853 TAMiami TRAIL NORTH, SUITE 209 NAPLES, FL 34108 <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: 				JEFFREY A. MARQUIS VICE PRESIDENT/TREAS.				4/10/2007 (703) 849-9350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #				