## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## FILED Mar 14, 2008 08:00 AN Secretary of State

DOCUMENT:	# M06000006030
-----------	----------------

1. Entity Name

GILARDI REALTY OF SANFORD, LLC.



Principal Place of Business

2301 LAKE MARY BLVD. E SANFORD. FL 32773 Mailing Address

2301 LAKE MARY BLVD. E SANFORD, FL 32773



03092008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number 34-1873636	 Applied For Not Applicable	
5.	Certificate of Status Desired	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

GILARDI, PHILIP M 2301 LAKE MARY BLVD. E SANFORD, FL 32773

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered o	ffice or registered agent, or both, i	n the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Age	nt aignature required when reinstating)	OATE
FILE After May	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS	1		,
TITLE	MGR		· .	
NAME	GILARDI, FRANK A JR.			·
STREET ADDRESS	2301 LAKE MARY BLVD. E	<b>]</b> :	, , ,	
CITY-ST-ZIP	SANFORD, FL 32773			
MLE	MGR			
NAME	GILARDI, PHILIP M	1.	· ·	•
STREET ADDRESS				<u>U00000858019</u>
CITY-ST-ZIP	SANFORD, FL 32773			04/01/08-80029-005 138.75
TITLE NAME	CFO BEER, DEVON			
STREET ADDRESS	1			
CITY-ST-ZIP	SANFORD, FL 32773	j.	DO N	NOT WRITE
TITLE			INT "F"	LIC CDACE
NAME		-		HIS SPACE
STREET ADDRESS				,
CITY-\$1-ZIP		]		
TITLE				
NAME		~-		•
STREET ADDRESS		1		
CITY-ST-ZIP	1	<u> </u>		•
TITLE	,			
NAME	, ,	,		

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:

STREET ADDRESS CITY-ST-ZIP

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

3/9/08

932.498 466Y

Daytime Phone it