


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90317 004 ****50.00

DOCUMENT # L02000022119	
1. Entity Name G.G.S. HOMESTEAD, LLC	

Principal Place of Business 360 CASUANINA CONCOURSE CORAL GABLES, FL 33143 US	Mailing Address 9485 SUNSET DRIVE, SUITE A-295 MIAMI, FL 33173
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24014997

2. Principal Place of Business 12444 S.W 127 TH AVE.	3. Mailing Address 12444 SW 127 TH AVE.
Suite, Apt. #, etc. 2 ND FLOOR	Suite, Apt. #, etc. 2 ND FLOOR
City & State Miami, FL	City & State Miami, FL
Zip 33186	Zip 33186
Country USA	Country USA

02102004 Chg-LLC CR2E083 (10/03)

4. FEI Number 06-1644963	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LAW OFFICES OF ANIBAL J. DUARTE-VIERA, P.A. 8550 NW 33RD STREET, SUITE 200 MIAMI, FL 33122	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reappointing) DATE _____

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, CARLOS 9485 SUNSET DRIVE, SUITE A-295 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12444 S.W. 127 TH AVENUE. Miami, FL 33186 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GARCIA, GENARO 9485 SUNSET DRIVE, SUITE A-295 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12444 S.W 127 TH AVENUE Miami, FL 33186 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIERRA, FILIBERTO 9485 SUNSET DRIVE, SUITE A-295 MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12444 S.W 127 TH AVENUE Miami, FL 33186 <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 exemption stated in Section 119.07(3)(i), 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:  CARLOS M. GARCIA 2/11/04 305-251-1419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #