

MAR-09-2004 TUE 11:48 AM

FAX NO


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03/26/04

04 MAR 26 AM 9:28

24022656

DOCUMENT # L03000010113			
1. Entity Name GGI, LLC			
Principal Place of Business 3910 U.S. HIGHWAY 301 NORTH, STE 140 TAMPA, FL 33619		Mailing Address 3910 U.S. HIGHWAY 301 NORTH, STE 140 TAMPA, FL 33619	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
09092004 Cng-LLC CR2E083 (10/03)		4. FEI Number 59-3453881	
		Applied For Not Applicable	
5. Certificate of Status Destroyed		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MUMPHRIES, J. GREGORY 300 SOUTH ORANGE AVENUE, SUITE 1000 ORLANDO, FL 32801-3373		Name Corporation Company of Orlando	
		Street Address (P.O. Box Number is Not Acceptable)	
		300 S. Orange Ave., Suite 1000 (JGH)	
		City Orlando	
		State FL	
		Zip Code 32801	
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 <i>J. Gregory Humphries</i> Signature, type or address mail of registered agent and fee payor.		J. Gregory Humphries, Vice Pres. 3-12-04 (NOTE: Registered Agent signature required when handling)	
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	MGRM GENESIS GROUP, LTD. SE 3910 U.S. HIGHWAY 301 NORTH, STE 140 TAMPA, FL 33619 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Bruce E. Marriner 3910 US Highway 301 N., Suite 140 Tampa, FL 33619 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Mark T. Llewellyn 3910 US Highway 301 N., Suite 140 Tampa, FL 33619 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member G. Brian Wheeler 3910 US Highway 301 N., Suite 140 Tampa, FL 33619 <input type="checkbox"/> Change <input checked="" 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
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
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)(c), 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 authorized to execute this report, as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>B. E. Marriner</i> SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Bruce E. Marriner 3/10/04 813/620-4500 Typed Name	