


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



01182005No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3453881	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION COMPANY OF ORLANDO
 300 S. ORANGE AVE., SUITE 100 (JGH)
 ORLANDO, FL 32801

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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 reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARRINER, BRUCE E 3910 U.S. HIGHWAY 301 NORTH, STE 140 TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LLEWELLYN, MARK T 3910 U.S. HIGHWAY 301 NORTH, STE 140 TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHEELER, G. BRIAN 3910 U.S. HIGHWAY 301 NORTH, STE 140 TAMPA, FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000213619
 02/02/05-88087-000 50.00

U00000214141
 02/03/05-80101-001 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Bruce E. Marriner 1/20/05 813-620-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #