


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2006 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



01052006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 59-3453881

Applied For
 Not Applicable

5. Certificate of Status Desired \$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006

000000401428
 02/02/06-80043-010 55.00

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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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:  1/17/06 813-620-4500

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