


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000010113

1. Entity Name
 GGI, LLC



Principal Place of Business . Mailing Address

3910 U.S. HIGHWAY 301 NORTH, STE 140 . 3910 U.S. HIGHWAY 301 NORTH, STE 140
 TAMPA, FL 33619 . TAMPA, FL 33619

DO NOT WRITE IN THIS SPACE



01032007 No Chg-LLC CR2E083 (11/05)

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

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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 01/11/07-80052-018 55.00

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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:  Bruce E. Marriner 1/3/07 813-620-4500

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