


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # L03000010113 1. Entity Name GGI, LLC	
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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
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-LLC CR2E083 (12/07)

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

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
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 01/15/08-80083-015 143.75

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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: *[Signature]* CEO Date: 1/2/08 Daytime Phone #: 813-620-4500

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