

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000010113

FILED
Jan 15, 2009
Secretary of State

Entity Name: GGI, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3453881 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARRINER, BRUCE E
Address: 3910 U.S. HIGHWAY 301 NORTH, STE 140
City-St-Zip: TAMPA, FL 33619

Title: MGRM () Delete
Name: LLEWELLYN, MARK T
Address: 3910 U.S. HIGHWAY 301 NORTH, STE 140
City-St-Zip: TAMPA, FL 33619

Title: MGRM () Delete
Name: WHEELER, G. BRIAN
Address: 3910 U.S. HIGHWAY 301 NORTH, STE 140
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

MGRM

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date