2005 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Aug 22, 2005 08:00 AM Secretary of State DOCUMENT # L03000011780 1. Entity Name **GGSL LLC** Principal Place of Business Mailing Address 7491 W. OAKLAND PARK BLVD., STE. 100 7491 W. OAKLAND PARK BLVD., STE. 100 LAUDERHILL, FL 33319 LAUDERHILL, FL 33319 08162005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FE! Number Applied For 42-1584965 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SAFIR, MOSHE DO NOT WRITE 7491 W. OAKLAND PARK BLVD., STE. 100 LAUDERHILL, FL 33319 IN THIS SPACE 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 Fiorida. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 7, 2005 9, MANAGING MEMBERS/MANAGERS MGR TITLE SAFIR, MOSHE NAME U000000376897 7491 W. OAKLAND PARK BLVD STE100 STREET ADDRESS 08/22/05-80007-006 50.00 CITY-ST-ZIP LAUDERHILL, FL 33319 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

11. I hereby certify that the Information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Daytime Phone #

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