

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077773

Entity Name: GP & V, LLC

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

1170 MANOR COURT
WESTON, FL 33326

New Principal Place of Business:

2690 CYPRESS LANE
WESTON, FL 33332

Current Mailing Address:

1170 MANOR COURT
WESTON, FL 33326

New Mailing Address:

2690 CYPRESS LANE
WESTON, FL 33332

FEI Number: 37-1500665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SADER, ROBERT L
1901 W. CYPRESS CREEK ROAD
SUITE 415
FORT LAUDERDALE, FL 33309 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: MGR () Delete
Name: VOLANTI, JAMES J
Address: 1170 MANOR CT
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: PETROSINO, RALPH A
Address: 1290 MANOR CT
City-St-Zip: WESTON, FL 33326

Title: MGR () Delete
Name: GREGER, GERALD D
Address: 570 SE 11TH STREET
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VOLANTI, JAMES J
Address: 2690 CYPRESS LANE
City-St-Zip: WESTON, FL 33332

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 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: JAMES J. VOLANTI

RA

04/23/2007

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