


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90118 028 \*\*\*\*50.00

**DOCUMENT # L05000016646**

1. Entity Name  
**G&I PROPERTY RENTAL/INVESTORS, LLC**



Principal Place of Business  
**2270 NW 77TH TERR  
 PEMBROKE PINES, FL 33024**

Mailing Address  
**2270 NW 77TH TERR  
 PEMBROKE PINES, FL 33024 US**

**60023273**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03012007 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number  
**43-2074920**

Applied For  
 Not Applicable

City & State

Zip Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**FERNANDEZ, GREGORY  
 2270 NW 77TH TERRACE  
 PEMBROKE PINES, FL 33024**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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)

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

Make check payable to  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNANDEZ, GREGORY 2270 NW 77TH TERRACE PEMBROKE PINES, FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNANDEZ, ISABEL 2270 NW 77TH TERRACE PEMBROKE PINES, FL 33024	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Gregory Fernandez* **Gregory Fernandez** **3/6/07** **954-494-5085**

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