

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 JUL 20 PM 4: 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000007052

1. Entity Name
GF HOLDINGS LLC

Principal Place of Business C/O FOREIGN FINANCIAL SERVICES CORP. 675 LONGBOAT CLUB ROAD #28A LONGBOAT KEY FL 34228	Mailing Address G/O FOREIGN FINANCIAL SERVICES CORP. 675 LONGBOAT CLUB ROAD #28A LONGBOAT KEY FL 34228
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2. Principal Place of Business	3. Mailing Address C/O DAVID PERRY
Suite, Apt. #, etc.	Suite, Apt. #, etc. 625 N. FLAGLER DR., S. 700
City & State	City & State WEST PALM BEACH, FL

Zip	Country	Zip	Country	4. FEI Number 65-0957458	Applied For <input type="checkbox"/> Not Applicable
		33401		5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PERRY, DAVID L JR. 625 N. FLAGLER DRIVE, S. 700 WEST PALM BEACH FL 33401			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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.

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 \$50.00
Make Check Payable to Department of State

100003335701--2
-07/25/00--01086--005
*******50.00 *****50.00**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FOREIGN FINANCIAL SERVICES CORP. 675 LONGBOAT CLUB ROAD #28A LONGBOAT KEY FL 34228	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(i), 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]*
SIGNATURE AND TYPED/PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7-11-2000 5616508314
Date Daytime Phone #

CR2E083 (5/00)