


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

00113

DOCUMENT # L99000007052

1. Entity Name
GF HOLDINGS LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -4 PM 4: 32

Wefg

Principal Place of Business Mailing Address

C/O FOREIGN FINANCIAL SERVICES CORP.
675 LONGBOAT CLUB ROAD #28A
LONGBOAT KEY FL 34228

C/O DAVID PERRY
**222 Lakeview Avenue, S. 1000
West Palm Beach, FL 33401-6148**



2. Principal Place of Business

Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number **65-0957458** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PERRY, DAVID L JR.

**222 Lakeview Avenue, S. 1000
West Palm Beach, FL 33401-6148**

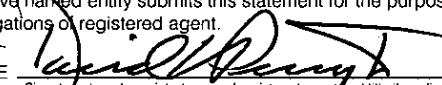
7. Name and Address of New Registered Agent

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)

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2003

200015296582

04/01/03--01002--028 **50.00

9. MANAGING MEMBERS/MANAGERS	
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"/> 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
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 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 REQUIRED**

Date: **3/23/03** Daytime Phone #: **5618332000**

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

CR2E083 (10/02)