

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 07, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P09718**

1. Entity Name  
**G EQUITY INVESTMENT GROUP LTD., INC.**



Principal Place of Business  
**20 NORTH CLARK STREET  
SUITE 2550  
CHICAGO, IL 60602**

Mailing Address  
**20 NORTH CLARK STREET  
SUITE 2550  
CHICAGO, IL 60602**



05032007 No Chg-P CR2E034(11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>36-3327521</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

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

**GOLDSTICK, PHILLIP C  
C/O STEPHEN MATHISON  
PGA CONOURSE, 5606 PGA BLVD., STE. 211  
PALM BCH GARDENS, FL 33418**

**DO NOT WRITE  
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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	CEOP
NAME	GOLDSTICK, PHILLIP C
STREET ADDRESS	20 N. CLARK ST., #2550
CITY-ST-ZIP	CHICAGO, IL
TITLE	VP
NAME	GOLDSTICK, GALE
STREET ADDRESS	20 N. CLARK ST., #2550
CITY-ST-ZIP	CHICAGO, IL 60602
TITLE	ST
NAME	GOLDSTICK, BEVERLY
STREET ADDRESS	20 N. CLARK ST., #2550
CITY-ST-ZIP	CHICAGO, IL 60602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/29/07-80001-022 150.00

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IN THIS SPACE**

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Phillip C. Goldstick**

**5/2/07**

Date

**(312) 782-3280**

Daytime Phone #