FILED
Apr 30, 2004 8:00 am
Secretary of State
04-15-2004 90113 045 ****50.00

4/15/

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000018451

1. Entity Name
GE MARKET ENTERPRISES LLC

34004837

Principal Place of Business	Mailing Address
2100 PONCE DE LEON BLVD., STE. 600 CORAL GABLES, FL 33134	2100 PONCE DE LEON BLVD., STE. 600 CORAL GABLES, FL 33134

03232004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 11-3643513 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GURIAN, JORGE
2100 PONCE DE LEON BLVD., STE. 600
CORAL GABLES, FL 33134

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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	GOMEZ, EDGAR GALVIS	
STREET ADDRESS	2100 PONCE DE LEON BLVD., STE. 600	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE	MGRM	☐ Delete
NAME	SERNA, PAOLA A	
STREET ADDRESS	2100 PONCE DE LEON BLVD., STE. 600	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Paola Serna 4/28/04 305-438-0645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #