


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90179 031 ****50.00

DOCUMENT # L03000051489

1. Entity Name
GAMM WESTCHESTER, LLC



Principal Place of Business
**55 ALHAMBRA PLAZA, 7TH FLOOR
 CORAL GABLES, FL 33134**

Mailing Address
**55 ALHAMBRA PLAZA, 7TH FLOOR
 CORAL GABLES, FL 33134**

20011360



2. Principal Place of Business
121 Alhambra Plaza

3. Mailing Address
121 Alhambra Plaza

Suite, Apt. #, etc.
Suite 1100

Suite, Apt. #, etc.
Suite 1100

02092006 Chg-LLC CR2E083 (11/05)

City & State
Coral Gables, FL

City & State
Coral Gables, FL

Zip Country
33134 US

Zip Country
33134 US

4. FEI Number
20-0554528

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**PADRON, CARLOS E
 2 ALHAMBRA PLAZA, SUITE 860
 VILA, PADRON & DIAZ, P.A.
 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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIORGINI, PILAR F 55 ALHAMBRA PLAZA, 7TH FLOOR CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	121 Alhambra Plaza, Suite 1100 <input checked="" 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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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  DATE _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE