



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90005 022 ***150.00

DOCUMENT # F00000001739 1. Entity Name GMP COMPANIES, INC.					
Principal Place of Business ONE EAST BROWARD BLVD., SUITE 1701 FORT LAUDERDALE, FL 33301			Mailing Address ONE EAST BROWARD BLVD., SUITE 1701 FORT LAUDERDALE, FL 33301		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
					
02122008 Chg-P CR2E034 (12/06)				4. FEI Number 58-2466899	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent RANEY, JEFFREY L. ONE EAST BROWARD BLVD., SUITE 1701 FORT LAUDERDALE, FL 33301			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RANEY, JEFFREY L J.D. <input type="checkbox"/> Delete ONE EAST BROWARD BLVD., SUITE 1701 FORT LAUDERDALE, FL 33301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Shelley Hartman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition One East Broward Blvd, Suite 1701 Fort Lauderdale, FL 33301	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT <input type="checkbox"/> Delete BALABAN, CHERYL ONE EAST BROWARD BLVD, SUITE 1701 FORT LAUDERDALE, FL 33301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BROWN, III, CHARLES L MD 95 COLLIER RD ATLANTA, GA 30309		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete JOHNSON, KRISTINE 901 MARQUETTE AVE MINNEAPOLIS, MN 55402		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	
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: _____ 2/15/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40028534

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10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROOKE, PAUL A
STREET ADDRESS	21 EAST 90 TH ST
CITY-ST-ZIP	NEW YORK, NY 10128

TITLE	D
NAME	HECHT, ERIC, MD
STREET ADDRESS	100 SOUTH POINTE DR
CITY-ST-ZIP	MIAMI, FL 33139

TITLE	D
NAME	REBOLD, MATTHEW I
STREET ADDRESS	50 RIVERSIDE AVE
CITY-ST-ZIP	WESTPORT CT 06880

TITLE	D
NAME	SEBULSKY, ALAN M
STREET ADDRESS	ONE NORTH WACKER DR
CITY-ST-ZIP	CHICAGO, IL 60606