2002 UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2002 8:00 am Secretary of State DOCUMENT # L0000009497 1. Entity Name 04-04-2002 90087 016 ****50 00 G & G PROPERTY INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 41 SIMPSON DRIVE 41 SIMPSON DRIVE OLD BETHPAGE NY 11804 OLD BETHPAGE NY 11804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 58-2574010 Not Applicable Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAPIRO, IRA R Street Address (P.O. Box Number is Not Acceptable) 16375 NE 18TH AVENUE, SUITE 225 N. MIAMI BEACH FL 33162 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. ☐ Addition TITLE ☐ Delete TITLE Change GELLER, GERALD NAME NAME STREET ADDRESS STREET ADDRESS 41 SIMPSON DR CITY-ST-ZIP CITY-ST-ZIP OLD BETHPAGE NY 11804 Delete ☐ Addition TITLE ☐ Change TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME 🗻 ⊱ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 figurated by Chapter 608, Florida Statutes.

FILED