

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000001831

1. Entity Name
THE GREAT AMERICAN EXPO CO LLC



Principal Place of Business
2419 HOLLYWOOD BLVD., SUITE C
HOLLYWOOD, FL 33020

Mailing Address
2419 HOLLYWOOD BLVD., SUITE C
HOLLYWOOD, FL 33020



01062005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1091375

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARRIN, GORDON J
2419 HOLLYWOOD BLVD., SUITE C
HOLLYWOOD, FL 33020

**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 GORDON MARRIN
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARRIN, GORDON 2419 HOLLYWOOD BLVD., SUITE C HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DESENA, CARMINE 2419 HOLLYWOOD BLVD., SUITE C HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAMER, GARY 1238 POLK STREET HOLLYWOOD, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/14/05-80029-006 50.00

**DO NOT WRITE
IN THIS SPACE**

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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/8/05

Date

954-987-4185

Daytime Phone #