## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILEU DOCUMENT # L01000003274 SECRETARY OF STATE 1. Entity Name DIVISION OF CORPORATIONS **GSG - LAKE MARY - LLC** 07 JAN 18 AM 9: 37 Principal Place of Business Mailing Address 661 E. ALTAMONTE, STE. 318 2190 TERRACE BLVD. ALTAMONTE SPRINGS, FL 32701 LONGWOOD, FL 32779 01122007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GUINDI, EDWARD S DO NOT WRITE 2190 TERRACE BLVD. LONGWOOD, FL 32779 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 Signature, typed or printed name of registered agent and title if applicable 300086145023 01/24/07--01039--002 \*\*150.00 Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGR TITLE GUINDI, EDWARD NAME STREET ADDRESS 2190 TERRACE BLVD. CITY-ST-ZIP LONGWOOD, FL 32779 TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7IP TITLE

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: COLOURS LINES HIS

STREET ADDRESS

1.12.07

407-383-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #