


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000005812

1. Entity Name
GGH&S MANAGEMENT CO., LLC



Principal Place of Business Mailing Address

222 SOUTH MILITARY TRAIL 222 SOUTH MILITARY TRAIL
 DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442

DO NOT WRITE IN THIS SPACE



02132006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
65-1101322 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MERRILL A. BOOKSTEIN COUNSELOR AT LAW, PA
2499 GLADES ROAD SUITE 308
BOCA RATON, FL 33431

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GORDON, SEYMOUR 1201 S OCEAN DR., APT 1801 N HOLLYWOOD, FL 33019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GORDON, MARTIN 11210 NW 5TH ST CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRP HAND, MANUEL 1201 S. OCEAN DR. HOLLYWOOD, FL 33019
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 04/25/06-80027-019 50.00

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: *Martin Gordon* *Martin Gordon* *4/3/06* *9542610158*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #