

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

222 SOUTH MILITARY TRAIL
DEERFIELD BEACH, FL 33442

Mailing Address

222 SOUTH MILITARY TRAIL
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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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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

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

U00000500582
04/25/06-80027-019 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

MARTIN GORDON

4/3/06

9542610158

Date

Daytime Phone #