

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000011190	
1. Entity Name G & E INVESTMENTS, LLC	

Principal Place of Business P.O. BOX 546945 SURFSIDE, FL 33154	Mailing Address P.O. BOX 546945 SURFSIDE, FL 33154
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DO NOT WRITE IN THIS SPACE



03162004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-2505627	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

HERSMAN, MOSES
3530 MYSTIC POINTE DR #3115
AVENTURA, FL 33180

**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 	MOSES HERSMAN	4/01/04
Signature, typed or printed name of registered agent and title if applicable.		DATE

(NOTE: Registered Agent signature required when reinstating)

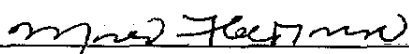
Filing Fee is \$50.00 Due by May 1, 2004	U000000112549 04/14/04-80025-010 50.00
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9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HERSMAN, MOSES P.O. BOX 546945 SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SHERMAN, OFELIA P.O. BOX 546945 SURFSIDE, FL 33154
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: 	MOSES HERSMAN	4/01/04	786-486-7805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #