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	Mailing Address
P.O. BOX 546945 SURFSIDE, FL 33154	P.O. BOX 546945 SURFSIDE, FL 33154

DO NOT WRITE IN THIS SPACE

03162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-2505627
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 Moses Hersman MOSES HERSMAN 4/01/04
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, 2004

U00000112549
04/14/04-80025-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HERSMAN, MOSES
STREET ADDRESS	P.O. BOX 546945
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	MGR
NAME	SHERMAN, OFELIA
STREET ADDRESS	P.O. BOX 546945
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 MOSES HERSMAN 4/01/04 786-486-2805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #