


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90061 023 \*\*\*\*50.00

<b>DOCUMENT # L01000017596</b>					
<b>1. Entity Name</b> GGM DEVELOPERS, L.L.C.					
<b>Principal Place of Business</b> 2875 NE 191ST STREET SUITE 901A AVENTURA, FL 33180			<b>Mailing Address</b> 2875 NE 191ST STREET SUITE 901A AVENTURA, FL 33180		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-1145866	
Zip		Zip		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SERBER, DANIEL J 2875 NE 191ST STREET SUITE 801, TURNBERRY PLAZA AVENTURA, FL 33180			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUSTAVO, MICULIEKI 2875 NE 191 ST., SUITE 901A AVENTURA, FL 33130	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUSTAVO MICULITZKI 2875 NE 191 Street, Suite 901A Aventura, FL 33180
		<input type="checkbox"/> Delete			
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		<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> _____ (305) 982-6267					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					