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Mar 26, 2003 8:00 am
Secretary of State
03-26-2003 90046 001 ***150.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017596

1. Entity Name

GGM DEVELOPERS, L.L.C.

Principal Place of Business	Mailing Address
2875 NE 191ST STREET SUITE 801, TURNBERRY PLAZA AVENTURA FL 33180	2875 NE 191ST STREET SUITE 801, TURNBERRY PLAZA AVENTURA FL 33180

2. Principal Place of Business		3. Mailing Address	
2875 NE 191 STREET		2875 NE 191 STREET	
Suite, Apt. #, etc. SUITE 901A		Suite, Apt. #, etc. SUITE 901A	
City & State AVENTURA FLORIDA		City & State AVENTURA, FLORIDA	
Zip 33180	Country USA	Zip 33180	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1145866 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CULINCI, GUSTRAVO M 2875 NE 191 STREET STE 801 AVENTURA FL 33180	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICULITZKI, GUSTAVO 2875 NE 191 STREET, SUITE 901A AVENTURA, FLORIDA 33180	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] REQ GUSTAVO MICULITZKI 3/8/03 (305)466-6660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (10/02)