2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019414

Entity Name: GKO COMPANY, LLC

FILED Apr 30, 2004 Secretary of State

Current Principal Place	of Business:	New Principal Place of	New Principal Place of Business:		
2801 FAIRGREEN DRIVE, CARE GERTRUDE OKA MIAMI BEACH, FL 33140		2288 SUNSET DRIVE SUNSET ISLAND, #3 MIAMI BEACH, FL 3314			
Current Mailing Address	s:	New Mailing Address:	New Mailing Address:		
2801 FAIRGREEN DRIVE MIAMI BEACH, FL 33140	, CARE GERTRUDE OKA	2288 SUNSET DRIVE SUNSET ISLAND, #3 MIAMI BEACH, FL 3314	10		
FEI Number:	FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()		
Name and Address of Co	urrent Registered Agent:	Name and Address of I	Name and Address of New Registered Agent:		
BUCKLEY, FRANCIS K 1322 BRICKELL DRIVE FORT LAUDERDALE, FL	33301 US	BUCKLEY, JOHN K 333 NORTH NEW RIVE RIVERWALK PLAZA, SI FORT LAUDERDALE, F	JITE 2000		
The above named entity so in the State of Florida.	ubmits this statement for the pu	rpose of changing its registered of	office or registered agent, or both,		

SIGNATURE: JOHN K. BUCKLEY			04/30/2004	
Electronic Signature of Registered Agent		Date		
MANAGING MEMBERS/MEMBERS:		ADDITIONS/CHANGES:		
Title:	MGR () Delete	Title:	MGR (X) Change () Addition	
Name:	OKA, GERTRUDE CARE	Name:	FREED, STEPHANIE O	
Address:	2801 FAIRGREEN DRIVE	Address:	2288 SUNSET DRIVE, SUNSET ISLAND, #3	
City-St-Zip:	MIAMI BEACH, FL 33140	City-St-Zip:	MIAMI BEACH, FL 33140	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:	STEPHANIE OKA FREED	MGR	04/30/2004	
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date				