

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90317 035 ***150.00

DOCUMENT # L02000000373

1. Entity Name
GEI ENTERPRISES, L.L.C.



Principal Place of Business
**7761 NW 146TH STREET
MIAMI LAKES, FL 33016**

Mailing Address
**7761 NW 146TH STREET
MIAMI LAKES, FL 33016**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222004 Chg-LLC CR2E083 (10/03)

4. FEI Number
01-0565546

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PANTALEON, INDHIRA R
4505 SW 152 AVE.
MIRAMAR, FL 33027**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME PANTALEON, ERIC MD
STREET ADDRESS 4505 SW 152 AVE.
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE MGRM ☐ Delete
NAME PANTALEON, INDHIRA
STREET ADDRESS 4505 SW 152 AVE.
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE MGRM ☐ Delete
NAME PANTALEON, LOURDES M
STREET ADDRESS 4505 SW 152 AVE.
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE MGRM ☐ Delete
NAME FERRERAS, SONIA
STREET ADDRESS 4505 SW 152 AVE.
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-23-04

305-698-1337