

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007764

Entity Name: G & M REAL ESTATE, L.L.C.

FILED  
Jul 02, 2009  
Secretary of State

**Current Principal Place of Business:**

5324 3RD AVENUE, STOCK ISLAND  
KEY WEST, FL 33040

**New Principal Place of Business:**

5324 3RD AVENUE, STOCK ISLAND & 5345 5TH A  
KEY WEST, FL 33040

**Current Mailing Address:**

5324 3RD AVENUE, STOCK ISLAND  
KEY WEST, FL 33040

**New Mailing Address:**

PO BOX 1269  
KEY WEST, FL 33041

FEI Number: 03-0421902      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GOODRICH, TERRI A  
5324 3RD AVE  
KEY WEST, FL 33040      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: GATSA GROUP, INC.  
Address: 5324 3RD AVENUE, STOCK ISLAND  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: GATSA GROUP, INC.  
Address: PO BOX 1269  
City-St-Zip: KEY WEST, FL 33041

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: TERRI A GOODRICH

MGR

07/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date