
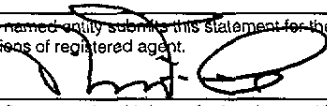
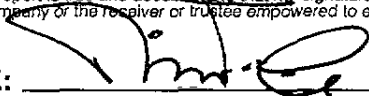


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000009652		
1. Entity Name GOVERNOR PROPERTY INVESTMENTS, LLC		
Principal Place of Business 3190 SW FOURTH AVENUE FORT LAUDERDALE, FL 33315	Mailing Address 3190 SW FOURTH AVENUE FORT LAUDERDALE, FL 33315	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FRIESECKE, ARE 3190 SW FOURTH AVENUE FORT LAUDERDALE, FL 33315		DO NOT WRITE IN THIS SPACE
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:  Are Friesecke Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FRIESECKE, ARE 3190 SW FOURTH AVENUE FORT LAUDERDALE, FL 33315	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FRIESECKE, FRANK 3190 SW FOURTH AVENUE FORT LAUDERDALE, FL 33315	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE 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)(f), 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:  Are Friesecke SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		



01172005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
03-0434607

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

000000201793
01/28/05-80078-020 50.00

1/26/05 954-763-1955
Date Daytime Phone #