


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # L02Q00012153 1. Entity Name G&M FAMILY HOLDINGS, LLC	
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Principal Place of Business 4801 S. UNIVERSITY DR., STE. 3000 DAVIE, FL 33328	Mailing Address 4801 S. UNIVERSITY DR., STE. 3000 DAVIE, FL 33328
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DO NOT WRITE IN THIS SPACE

04122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-3686843	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RODRIGUEZ, MIGUEL J 4801 S. UNIVERSITY DR., STE. 3000 DAVIE, FL 33328
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**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE _____

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

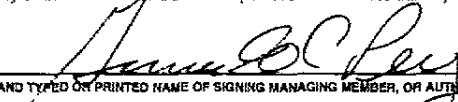
U00000116320

04/16/04-80059-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PEREZ, GERARDO C 4801 S. UNIVERSITY DR., STE. 3000 DAVIE, FL 33328
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**DO NOT WRITE
IN THIS SPACE**

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:  4/14/4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date _____ Daytime Phone # _____