

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000017274

1. Entity Name GFS CONCESSIONS, L.L.C.

FILED Apr 27, 2007 08:00 AM Secretary of State

Principal Place of Business

230 PALERMO AVENUE CORAL GABLES, FL 33134 Mailing Address

230 PALERMO AVENUE CORAL GABLES, FL 33134



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04112007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 54-2063260

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KORGE, CHRISTOPHER G 230 PALERMO AVENUE CORAL GABLES, FL 33134

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	digations of registered agent.	anging its registered office or registered agent, or both, in the s	state of Florida I am lamiliar with, and accept
SIGNATU	Signature, typed or printer) name of registered again and little if applicable	(NOTE Registered Agent signature required when reinsisting)	DATE
	Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		

MGRM TITLE NAME KORGE, CHRISTOPHER G STREET ADDRESS 230 PALERMO AVENUE CHY-ST-ZIP CORAL GABLES, FL 33134 JITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

U00000738066 05/11/07-80054-012 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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:

CITY-ST-ZIP

URE:
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/18/07

305-444-9533

Daytme Phone #