2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L02000021783

1. Entity Name GK MIAMI PROPERTIES, LLC



FILED Jan 12, 2006 08:00 AM Secretary of State

Principal Place of Business

8125 NW 64TH ST MIAMI, FL 33166

Mailing Address

8125 NW 64TH ST MIAMI, FL 33166



DO NOT WRITE IN THIS SPACE

| 01092006 No Cha-LLC | CR2 |
|---------------------|-----|

4. FEI Number 56-2289504

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

| 6. | Name | and A | ddress of | Current | Registered | Agent |
|----|------|-------|-----------|---------|------------|-------|
| | | | | | | |

GUNIA, KARL 8125 NW 64 ST MIAMI, FL 33166

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| The above named entity submits this statement for the purpose of cha the obligations of registered agent. | nging its registered office or registered agent, or both, in ti | ne State of Florida. I am familiar with, and accept |
|---|---|---|
| Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
| Filing Fee is \$50.00 Due by May 1, 2006 | | |

MANAGING MEMBERS/MANAGERS TITLE MGRM GUNIA, KARL NAME STREET ADDRESS 8125 NW 64TH STREET CITY-ST-ZIP MIAMI, FL 33166 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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11. I hereby certify that the information supplied with this filling 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 of truster impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: