2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANA

## FILED Feb 25, 2004 8:00 am Secretary of State DOCUMENT # L02000023927 1. Entity Name 02-25-2004 90280 020 \*\*\*\*50.00 G & G ACQUISITIONS, LLC Principal Place of Business Mailing Address 1112 DUSK VIEW DRIVE MERRITT ISLAND FL 32952 1112 DUSK VIEW DRIVE MERRITT ISLAND FL 32952 24014182 2. Principal Place of Business Mailing Addres 1304 OAK STR 1304 *OA*K Suite, Apt. #, etc. CR2E083 (11/03) City & State City & State Applied For 4. FEI Number 45-0497790 Not Applicable \$5.00 Additional 5. Certificate of Status Desired 3290 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIRA, STEPHEN E ESO. Street Address (P.O. Box Number is Not Acceptable) 5205 BABCOCK STREET, NE PALM BAY FL 32905 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE Addition GOLDBERG, STEPHEN GOLDBERG, STEPHEN NAME NAME 1304 OAK STREET MELBOURNE, FL 3290 STREET ADDRESS 1112 DUSK VIEW DRIVE STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952 CITY-ST-ZIP TITLE MGR ☐ Delete TITLE Change ☐ Addition NAME GOLDBERG, LISA NAME STREET ADDRESS 1112 DUSK VIEW DRIVE STREET ADDRESS CITY-ST-7IP MERRITT ISLAND FL 32952 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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)(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:

ING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE