

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90074 044 ****50.00

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DOCUMENT # L02000024455 1. Entity Name G & T DEVELOPERS LLC					
Principal Place of Business 2200 S. DIXIE HIGHWAY SUITE 702 MIAMI, FL 33133			Mailing Address 2200 S. DIXIE HIGHWAY SUITE 702 MIAMI, FL 33133		
2. Principal Place of Business 23420 MIRABELLA CIRCLE Suite, Apt. #, etc.		3. Mailing Address same Suite, Apt. #, etc.			
City & State BOCA RATON FL Zip 33433		City & State Zip Country USA		4. FEI Number 30-0118444	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent ARGACACCOUNTING & BUSINESS SOLUTIONS, INC. 3786 NW 82 AVE SUITE 109 MIAMI, FL 33166			7. Name and Address of New Registered Agent Name M. CRISTINA DEL-VALE P.A. Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE, Suite 601 City CORAL GABLES FL Zip Code 33134		
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 DATE 2/17/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, RODOLFO 2200 S. DIXIE HIGHWAY, SUITE 702 MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOLE MGRM RODOLFO E. GONZALEZ 23420 MIRABELLA CIRCLE BOCA RATON, FL 33433	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TARRAO, GABRIELE 2200 S. DIXIE HIGHWAY, SUITE 702 MIAMI, FL 33133		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			RODOLFO E. GONZALEZ		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 2/17/05 Daytime Phone # (305) 798-1654		