

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000025670

1. Entity Name
G & G MANAGEMENT, LLC



Principal Place of Business
1800 SOUTH OCEAN BOULEVARD
#1408
POMPANO BEACH, FL 33062

Mailing Address
1800 SOUTH OCEAN BOULEVARD
#1408
POMPANO BEACH, FL 33062



03112005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
51-0438696

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GABY, MICHAEL
1800 S OCEAN BLVD., APT 1408
POMPANO BEACH, FL 33062

**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 signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GABY, MICHAEL 8716 NORTHWEST 54TH STREET CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GABY, KAREN 8716 NORTHWEST 54TH STREET CORAL SPRINGS, FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDSTEIN, JEFFREY 1800 SOUTH OCEAN BOULEVARD #1408 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDSTEIN, LYNN 1800 SOUTH OCEAN BOULEVARD #1408 POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(f), 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: *Michael H. Gaby* 4-29-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

954-849-3206
Date Daytime Phone #