

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED
Apr 24, 2006 08:00 AM
Secretary of State



03072006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

51-0438696

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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

4-20-06

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

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

U00000531442
05/06/06-80038-016 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

4-20-06 954-772-4077