



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000025670</b> 1. Entity Name <b>G &amp; G MANAGEMENT, LLC</b>	
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Principal Place of Business <b>1800 SOUTH OCEAN BOULEVARD #1408 POMPANO BEACH, FL 33062</b>	Mailing Address <b>1800 SOUTH OCEAN BOULEVARD #1408 POMPANO BEACH, FL 33062</b>
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03272008No Chg-LLC	CR2E083 (12/07)
4. FEI Number <b>51-0438696</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

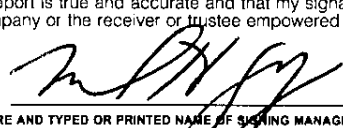
6. Name and Address of Current Registered Agent  <b>GABY, MICHAEL 1800 S OCEAN BLVD., APT 1408 POMPANO BEACH, FL 33062</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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8. The above named entity submits this 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>
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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	

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	Date <b>4-21-08</b> Daytime Phone # <b>954-772-4027</b>