

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90064 028 \*\*\*\*50.00

**DOCUMENT # L02000026420**

1. Entity Name  
GS VENTURES, LLC



Principal Place of Business  
101 EAST KENNEDY BLVD., SUITE 3300  
TAMPA, FL 33602

Mailing Address  
101 EAST KENNEDY BLVD., SUITE 3300  
TAMPA, FL 33602

42000160



04262004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
22-3873047

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

JUNG, MING G  
101 EAST KENNEDY BLVD., SUITE 3300  
TAMPA, FL 33602

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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, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	JUNG, MING G
STREET ADDRESS	101 EAST KENNEDY BLVD., SUITE 3300
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGRM
NAME	HORWITZ, ANGELA
STREET ADDRESS	101 EAST KENNEDY BLVD., SUITE 3300
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGRM
NAME	XENICK, MIKE
STREET ADDRESS	101 EAST KENNEDY BLVD., SUITE 3300
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGRM
NAME	GOOD, SUSAN
STREET ADDRESS	80 S.W. 8TH STREET, PENTHOUSE LEVEL
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(l), 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:** *Angela Horwitz* *Angela Horwitz* 4/26/04 (813)226-8844  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #