

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

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
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04212005No 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 <input type="checkbox"/> \$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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<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 the if applicable</small>	(NOTE: Registered Agent signature required when reinstating)
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>	

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

<b>DO NOT WRITE IN THIS SPACE</b>
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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: <u>Angela Horwitz</u> Angela Horwitz	Date: <u>4/25/05</u> (813) 226-8844
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	