# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 28, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L02000026420

1. Entity Name
GS VENTURES, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 101 EAST KENNEDY BLVD., SUITE 3300<br>TAMPA, FL 33602 | 101 EAST KENNEDY BLVD., SUITE 3300<br>TAMPA, FL 33602 |

**DO NOT WRITE IN THIS SPACE**

04262006No Chg-LLC CR2E063 (11/05)

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

**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, 2006**

| 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 | |

U00000541967
05/10/06-80081-002 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:** Angela Horwitz Angela Horwitz 4/26/06 (813) 226-8844
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #