

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90280 010 ***150.00

DOCUMENT # L02000028223

1. Entity Name
GGP REALTY GROUP, LLC



Principal Place of Business
730 SO. ATLANTIC AVE., SUITE 101
ORMOND BEACH, FL 32176

Mailing Address
730 SO. ATLANTIC AVE., SUITE 101
ORMOND BEACH, FL 32176

24041091



02282004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
54-2094692

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GENO, SANDRA R
730 S. ATLANTIC AVE., #101
ORMOND BEACH, FL 32176

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME GUINDI, SHERIFF
STREET ADDRESS 53 CHOCTAW TRAIL
CITY-ST-ZIP ORMOND BEACH, FL 32174

TITLE MGRM
NAME PATEL-BOOTHROYD, ANITA
STREET ADDRESS 3000 N. ATLANTIC #5
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE MGRM
NAME GENO, SANDRA R
STREET ADDRESS 3169 S. PENINSULA DRIVE
CITY-ST-ZIP DAYTONA BEACH, FL 32118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(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 _____

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

Date

Daytime Phone #