

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

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**



01292005No 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, 2005**

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	

U00000210452
02/02/05-80080-004 50.00

**DO NOT WRITE
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 #

Sandra R Geno **SANDRA R GENO** 12405 386-6771811