

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90171 005 ****50.00

0001400

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

54-2094692

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

20035846



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MANAGING MEMBER** ☐ Delete
NAME **SHERIFF GUINDI**
STREET ADDRESS **53 CHOCTAW TRAIL**
CITY-ST-ZIP **ORMOND BEACH, FL 32174**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MANAGING MEMBER** ☐ Delete
NAME **ANITA PATEL-BOOTHROYD**
STREET ADDRESS **3000 N. ATLANTIC #5**
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MANAGING MEMBER** ☐ Delete
NAME **SANDRA R. GENO**
STREET ADDRESS **3169 S. PENINSULA DRIVE**
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Sandra R. Geno **4-26-03** **386-6771211**

CR2E083 (10/02)