

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000024622

1. Entity Name
GERMO FLORIDA I, L.L.C.



Principal Place of Business
**BOCA CORPORATE CENTRE, STE. 238
2300 CORPORATE BLVD.
BOCA RATON, FL 33431**

Mailing Address
**BOCA CORPORATE CENTRE, STE. 238
2300 CORPORATE BLVD.
BOCA RATON, FL 33431**



02182005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2399958

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MACLAREN, LINDA O
798 S. FEDERAL HWY., STE. 100
BOCA RATON, FL 33432**

**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**

U000000314412
04/18/05-20186-008 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SHUBIN, BILL
2300 NW CORPORATE BLVD #238
BOCA RATON, FL 33431**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
NAZAROFF, BARBARA
1 ZEPHYRIRIDGE
LAGUNA NIGUEL, CA 92677**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
NIKITIN, JANICE
1 PACIFIC CREST
LAGUNA NIGUEL, CA 92677**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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)(f), 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: _____

March 1, 2005 (561) 395-2228

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

Date

Daytime Phone #

Bill Shubin