

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2007 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



03142007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2399958	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE	MGRM
NAME	NIKITIN, JANICE
STREET ADDRESS	1 PACIFIC CREST
CITY-ST-ZIP	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	

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04/25/07-80008-021 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:

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

April 5, 2007

561-395-2228

Date

Daytime Phone #

BILL Shubin