2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 56-2399958 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SHUBIN, BILL
Address: 2300 NW CORPORATE BLVD #238
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete
Name: NAZAROFF, BARBARA
Address: 1 ZEPHYRIRIDGE
City-St-Zip: LAGUNA NIGUEL, CA 92677

Title: MGRM ( ) Delete
Name: NIKITIN, JANICE
Address: 1 PACIFIC CREST
City-St-Zip: LAGUNA NIGUEL, CA 92677

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BILL SHUBIN MGR 04/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date