

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

07-27-2004 90001 022 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                             |                                                                                                                                                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                  |                                                                              |                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |
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| <b>DOCUMENT # L03000027948</b><br>1. Entity Name<br><b>GS HOLDINGS AND INVESTMENTS, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                                             |                                                                                                                                                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                  |                                                                              |                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |
| Principal Place of Business<br><b>7000 SW 62ND AVENUE, SUITE 100</b><br><b>SOUTH MIAMI, FL 33143</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                              |                                                             | Mailing Address<br><b>7000 SW 62ND AVENUE, SUITE 100</b><br><b>SOUTH MIAMI, FL 33143</b>                                                                                               |                                 |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                  |                                                                              |                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              | 3. Mailing Address                                          |                                                                                                                                                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                  |                                                                              |                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              | Suite, Apt. #, etc.                                         |                                                                                                                                                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                  |                                                                              |                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                              | City & State                                                |                                                                                                                                                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                  |                                                                              |                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Country                                                                      | Zip                                                         | Country                                                                                                                                                                                |                                 |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                  |                                                                              |                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                                             | 7. Name and Address of New Registered Agent                                                                                                                                            |                                 |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                  |                                                                              |                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |
| <b>FIELDSTONE, RONALD</b><br><b>201 ALHAMBRA CIRCLE, SUITE 601</b><br><b>CORAL GABLES, FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |                                                             | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                 |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                  |                                                                              |                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |
| 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.<br>SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and the filer, if applicable. (NOTE: Registered Agent signature required when re-electing)</small>                                                                                                                                                                                                                                                                                                                                  |                                                                              |                                                             |                                                                                                                                                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                  |                                                                              |                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by September 8, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              | Make check payable to<br><b>Florida Department of State</b> |                                                                                                                                                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                  |                                                                              |                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |
| 9. MANAGING MEMBERS/MANAGERS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY- ST- ZIP</td> <td style="width: 70%; padding: 2px;"> <input type="checkbox"/> Delete             </td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table>                                                                                                                                      |                                                                              |                                                             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                       | <input type="checkbox"/> Delete |  |  |  |  |  |  |  |  |  |  |  |  | 10. ADDITIONS/CHANGES<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE<br/>NAME<br/>STREET ADDRESS<br/>CITY- ST- ZIP</td> <td style="width: 70%; padding: 2px;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition             </td> </tr> <tr> <td style="padding: 2px;"> <b>MANAGER</b><br/> <b>GEORGE M. SUAREZ</b><br/> <b>7000 SW 62 AVE #100</b><br/> <b>S MIAMI FLA 33143</b> </td> <td></td> </tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> <tr><td style="height: 40px;"></td><td></td></tr> </table> |  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | <b>MANAGER</b><br><b>GEORGE M. SUAREZ</b><br><b>7000 SW 62 AVE #100</b><br><b>S MIAMI FLA 33143</b> |  |  |  |  |  |  |  |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                              |                                                             |                                                                                                                                                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                  |                                                                              |                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                             |                                                                                                                                                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                  |                                                                              |                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |
| <b>MANAGER</b><br><b>GEORGE M. SUAREZ</b><br><b>7000 SW 62 AVE #100</b><br><b>S MIAMI FLA 33143</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                              |                                                             |                                                                                                                                                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                  |                                                                              |                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.<br>SIGNATURE: <u><i>George M. Suarez</i></u> <span style="float: right;">7/20/04 305-7460994</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day or Phone if</small> |                                                                              |                                                             |                                                                                                                                                                                        |                                 |  |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                  |                                                                              |                                                                                                     |  |  |  |  |  |  |  |  |  |  |  |

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07132004 Chg-LLC CR2E083 (10/03)

4. FEI Number **57-1181942** Applied For ☐ Not Applicable ☒

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