

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030830

FILED
Jan 23, 2009
Secretary of State

Entity Name: GINCORP, L.L.C.

Current Principal Place of Business:

1000 ISLAND BLVD. #2802
AVENTURA, FL 33160

New Principal Place of Business:

3362 NE 171 ST.
NORTH MIAMI BEACH, FL 33160

Current Mailing Address:

1000 ISLAND BLVD. #2802
AVENTURA, FL 33160

New Mailing Address:

3362 NE 171 ST.
NORTH MIAMI BEACH, FL 33160

FEI Number: 65-1203771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOEL KORNBERG, M.D., J.D., P.A.
7301-A WEST PALMETTO PARK RD, STE 305C
BOCA RATON, FL 33433 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: GINES, ROBERTO
Address: 1000 ISLAND BLVD., #2802
City-St-Zip: AVENTURA, FL 33160

Title: MGR () Delete
Name: GINES, JOLANTA
Address: 1000 ISLAND BLVD., #2802
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GINES, ROBERTO
Address: 3362 NE 171 ST.
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: MGR (X) Change () Addition
Name: GINES, JOLANTA
Address: 3362 NE 171 ST.
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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: ROBERTO GINES

MGR

01/23/2009

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