


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2005 8:00 am
Secretary of State

02-25-2005 90024 032 ****55.00

DOCUMENT # L03000033153

1. Entity Name
GE SOLUTIONS, LLC



Principal Place of Business
 1171 N.W. 141 AVE.
 PEMBROKE PINES, FL 33028

Mailing Address
 1171 N.W. 141 AVE.
 PEMBROKE PINES, FL 33028

Z0010000



2. Principal Place of Business
4000 HOLLYWOOD BLVD

3. Mailing Address
4000 HOLLYWOOD BLVD

Suite, Apt. #, etc. **135-S**

02162005 Chg-LLC CR2E083 (10/03)

City & State
HOLLYWOOD FL

City & State
HOLLYWOOD FL

Zip **33021** Country **BROWARD**

4. FEI Number
42-1604184

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
GONZALEZ, JORGE
620 S.W. 111 AVE #102
PEMBROKE PINES, FL 33025

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 *Jorge R. Gonzalez* DATE _____

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, JORGE 1171 NW 141ST AVE. PEMBROKE PINES, FL 33028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(i), 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: *Jorge R. Gonzalez* Date _____ Daytime Phone # _____

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