

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90145 021 ****50.00

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02122007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L03000037227			
1. Entity Name GMG HOLDINGS, LLC			
Principal Place of Business 2640 GOLDEN GATE PKWY 205 NAPLES, FL 34105		Mailing Address 2640 GOLDEN GATE PKWY 205 NAPLES, FL 34105	
2. Principal Place of Business - No P.O. Box # 2210 Vanderbilt Beach Road		3. Mailing Address 2210 Vanderbilt Beach Road	
Suite, Apt. #, etc. Suite 1203		Suite, Apt. #, etc. Suite 1203	
City & State Naples, FL.		City & State Naples, FL.	
Zip 34109	Country	Zip 34109	Country
4. FEI Number 20-0473905		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FREYRE, PEDRO A ESQ. ONE SOUTHEAST THIRD AVENUE, 28TH FL MIAMI, FL 33131		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 <u><i>[Signature]</i></u> DATE <u><i>2-22-07</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALONE, JAMES 1258 WAGGLE WAY NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2210 Vanderbilt Beach Road Suite 1203 Naples, FL 34109 <input checked="" 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 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: <u><i>[Signature]</i></u>		Date <u><i>3/14/07</i></u> Daytime Phone # <u><i>239-649-5863</i></u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			