2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State
01-30-2006 90148 045 ****50.00

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1. Entity Name
GPG PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
3990 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	38 STONEHURST LANE DIX HILLS, NY 11746

01232006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
789 CRANDON BLVD	
Suite, Apt. #, etc. ~~#~~ 401	Suite, Apt. #, etc.
City & State KEY BISCAYNE, FL	City & State
Zip: 33149 Country	Zip Country

4. FEI Number
90-0112749
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RICHARD GONZALEZ, P.A. 407 LINCOLN ROAD 4E MIAMI BEACH, FL 33139	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 _____ 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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GAVILLA, ESPERANZA 38 STONEHURST LANE DIX HILLS, NY 11746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GAVILLA, HECTOR P 230 BARTON AVENUE MELVILLE, NY 11747	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GAVILLA, ALEXANDER 3990 ALHAMBRA CIRCLE CORAL GABLES, FL 33134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GAVILLA ALEXANDER 1221 24TH ST, NW #903 WASHINGTON, DC 20037	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GIANNATTASIO, JANET 1152 TULIP AVENUE FRANKLIN SQUARE, NY 11010	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PICARELLA, MICHAEL 221 BARTON AVENUE MELVILLE, NY 11747	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 1-25-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ESPERANZA GAVILLA