


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90041 015 ****50.00

DOCUMENT # L03000044394					
1. Entity Name GG LITTLE HAVANA LLC					
Principal Place of Business C/O JOSHUA M. GOLDBERG 1101 BRICKELL AVE, STE 1005-S MIAMI, FL 33131		Mailing Address C/O JOSHUA M. GOLDBERG 1101 BRICKELL AVE, STE 1005-S MIAMI, FL 33131			
2. Principal Place of Business - No P.O. Box # <i>1691 Michigan Avenue</i>		3. Mailing Address <i>1691 Michigan Avenue</i>			
Suite, Apt. #, etc. <i>300</i>		Suite, Apt. #, etc. <i>300</i>			
City & State <i>Miami Beach, FL</i>		City & State <i>Miami Beach, FL</i>			
Zip <i>33139</i>	Country <i>USA</i>	Zip <i>33139</i>	Country <i>USA</i>	4. FEI Number 20-0463282	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LLOYD GRANET, P.A. 2295 NW CORPORATE BLVD, STE 235 BOCA RATON, FL 33431-7330				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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 GUREN, SHELDON B 1101 BRICKELL AVE # 1005-S MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1691 Michigan Avenue #300 Miami Beach, FL 33139</i>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDBERG, JOSHUA M 1101 BRICKELL AVE # 1005-S MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>MGR Joshua M. Goldberg 90 Benjamin 2275 S Ocean Blvd #3075 Palm Beach, FL 33480</i>		
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		
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		
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 <i>Sheldon B Guren</i>		Date <i>4/26/07</i>	Daytime Phone # <i>305 374 4007</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					