2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000008505

Entity Name

GMS PROPERTIES, LLC



FILED Feb 04, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

404 EAST ATLANTIC BOULEVARD STE 101 POMPANO BEACH, FL 33060

404 EAST ATLANTIC BOULEVARD STE 101 POMPANO BEACH, FL 33060



01222008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0819649

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ROSENTHAL, STUART S 404 EAST ATLANTIC BOULEVARD STE 101 POMPANO BEACH, FL 33060 DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the	e 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS		
TATLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMPSON, GREGORY M 1481 SW ABINGDON AVENUE PORT ST. LUCIE, FL 34953	
TITLE NAME STREET ADDRESS CITY-ST-2IP	MGRM SIMPSON, F. VIRGIL 6051 N. OCEAN DRIVE, #704 HOLLYWOOD, FL 33019	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

02/12/08-80067-003 138.75

DO NOT WRITE

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:

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

-29-10

Daytime Phone #