2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000011372

1. Entity Name GGK II, L.L.C.



Principal Place of Business

921 LINN HARBOR CT Tarpon Springs, FL 34689 US Mailing Address

921 LINN HARBOR CT TARPON SPRINGS, FL 34689

US

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

03-27-2007 90201 003 ****50.00



DO NOT WRITE IN THIS SPACE

01142007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0719242

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KALAPTSIDIS, GEORGE 921 LINN HARBOR CT TARPON SPRINGS, FL 34689

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of char tions of registered agent.	nging its registere	d office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed nume of registered agent and title if applicable	(MOTE: Demotored	A seal singular as consisted when constabling	DATE
	Signature, typed or printed nume of registered agent and title ii applicable	(NOTE: Registered	Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KALAPTSIDIS, GEORGE 921 LINN HARBOR CT TARPON SPRINGS, FL 34689			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	S SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

11. I hereby certify that the information supplied with this filling 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: \mathscr{L}

NAME STREET ADDRESS CITY-ST-ZIP

> CLOVYL / ROLLYMUS INDTYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, I

ESENTATIVE Date Date Dayline Phone 2