

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 07, 2005 8:00 am**  
**Secretary of State**

01-07-2005 90024 032 \*\*\*\*50.00

**DOCUMENT # L04000024807**

1. Entity Name  
**GW REAL ESTATE INVESTMENT, LLC**



Principal Place of Business  
**3230 SW 190 AVE.  
MIRAMAR, FL 33029-5867**

Mailing Address  
**3230 SW 190 AVE.  
MIRAMAR, FL 33029-5867**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number

**200975435**

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

**LEY, WOLFGANG  
3230 SW 190 AVE.  
MIRAMAR, FL 33029-5867**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete  
NAME **LEY, WOLFGANG**  
STREET ADDRESS **3230 SW 190 AVE.**  
CITY-ST-ZIP **MIRAMAR, FL 330295867**

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **WOLFGANG LEY**  
STREET ADDRESS **3230 SW 190 AVE**  
CITY-ST-ZIP **MIRAMAR, FL 330295867**

TITLE **VP** ☐ Delete  
NAME **LEY, GABY**  
STREET ADDRESS **3230 SW 190 AVE.**  
CITY-ST-ZIP **MIRAMAR, FL 330295867**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **LEY, WOLFGANG**  
STREET ADDRESS **3230 SW 190 AVE.**  
CITY-ST-ZIP **MIRAMAR, FL 330295867**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **LEY, GABY**  
STREET ADDRESS **3230 SW 190 AVE.**  
CITY-ST-ZIP **MIRAMAR, FL 330295867**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Wolfgang Ley, MGRM*

*01/04/2005 954.937.7281*

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

Date

Daytime Phone #