


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90042 006 \*\*\*\*50.00

<b>DOCUMENT # L04000026934</b>					
<b>1. Entity Name</b> GEG 23 LLC					
<b>Principal Place of Business</b> 3455 PINE RIDGE ROAD, SUITE 111 NAPLES, FL 34109			<b>Mailing Address</b> 3455 PINE RIDGE ROAD, SUITE 111 NAPLES, FL 34109		
<b>2. Principal Place of Business - No P.O. Box #</b> 3455 PINE RIDGE ROAD Suite, Apt. #, etc. SUITE 101 City & State NAPLES, FL Zip 34109		<b>3. Mailing Address</b> 3455 PINE RIDGE ROAD Suite, Apt. #, etc. SUITE 101 City & State NAPLES, FL Zip 34109			
Country COLLIER		Country COLLIER		02192007    Chg-LLC    CR2E083 (12/06)	
<b>4. FEI Number</b> NOT APPLICABLE				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> GRANT, GLENN E 3455 PINE RIDGE ROAD, SUITE 111 NAPLES, FL 34109			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 3455 PINE RIDGE ROAD SUITE 101 City NAPLES    FL    Zip Code 34109		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRANT, GLENN E 3455 PINE RIDGE ROAD, SUITE 111 NAPLES, FL 34109	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3455 PINE RIDGE ROAD, SUITE 101 NAPLES, FL 34109	
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	
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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	
<b>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.</b>					
<b>SIGNATURE:</b> _____			GLENN E. GRANT    4/10/07    239-593-9333		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date    Daytime Phone #		