

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000029184

**FILED**  
**Feb 23, 2009**  
**Secretary of State**

**Entity Name:** GFB HOLDING, LLC

**Current Principal Place of Business:**

201 S. BISCAYNE BLVD.  
34TH FLOOR  
MIAMI, FL 33131 US

**New Principal Place of Business:**

400 ALTON ROAD  
#2110  
MIAMI BEACH, FL 33139 US

**Current Mailing Address:**

201 S. BISCAYNE BLVD.  
34TH FLOOR  
MIAMI, FL 33131 US

**New Mailing Address:**

400 ALTON ROAD  
#2110  
MIAMI BEACH, FL 33139 US

**FEI Number:** 20-1011333

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WASERSTEIN, STEVE L  
201 S. BISCAYNE BLVD.  
34TH FLOOR  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

WASERSTEIN, STEVE L  
400 ALTON ROAD  
#2110  
MIAMI BEACH, FL 33139 US

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.

SIGNATURE: STEVE L. WASERSTEIN

02/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WASERSTEIN, STEVE L  
Address: 201 S. BISCAYNE BLVD. 34TH FLOOR  
City-St-Zip: MIAMI, FL 33131 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WASERSTEIN, STEVE L  
Address: 400 ALTON ROAD #2110  
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVE WASERSTEIN

MGR

02/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date