

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033173

FILED
Jul 13, 2006
Secretary of State

Entity Name: G & L PROPERTY INVESTMENTS LLC

Current Principal Place of Business:

210-188 STREET
SUNNY ISLES BEACH, FL 33160 US

New Principal Place of Business:

Current Mailing Address:

210-188 STREET
SUNNY ISLES BEACH, FL 33160 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LAVALLE, LUIS
210-188 STREET
SUNNY ISLES BEACH, FL 33160 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAVALLE, LUIS
Address: 210-188 STREET
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGRM () Delete
Name: GARLOCK, PETE
Address: 80 WESTSHORE DR.
City-St-Zip: ASHBURNHAM, MA 01430

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: LAVALLE, LUIS
Address: 210-188 STREET
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: V.P. (X) Change () Addition
Name: GARLOCK, PETE
Address: 80 WESTSHORE DR.
City-St-Zip: ASHBURNHAM, MA 01430

I hereby certify that the information supplied with this filing does not qualify for the 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: LUIS LAVALLE

PRES

07/13/2006

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