

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043634

Entity Name: GWFP ASSOCIATES LLC

FILED  
Jun 29, 2005  
Secretary of State

**Current Principal Place of Business:**

1111 LINCOLN ROAD, STE. 400  
C/O DAVID GARFINKLE  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

18851 NE 29TH AVENUE  
SUITE 510  
AVENTURA, FL 33180

**Current Mailing Address:**

1111 LINCOLN ROAD, STE. 400  
C/O DAVID GARFINKLE  
MIAMI BEACH, FL 33139

**New Mailing Address:**

18851 NE 29TH AVENUE  
SUITE 510  
AVENTURA, FL 33180

FEI Number: 20-1228546      FEI Number Applied For ( )      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:**

GARFINKLE, DAVID  
1111 LINCOLN ROAD, STE. 400  
MIAMI BEACH, FL 33139    US

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

GARFINKLE, DAVID  
18851 NE 29TH AVENUE  
SUITE 510  
AVENTURA, FL 33180    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: DAVID GARFINKLE

06/29/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: GARFINKLE, DAVID  
Address: 18851 NE 29TH AVENUE, SUITE 510  
City-St-Zip: AVENTURA, FL 33180

Title: MGR ( ) Change (X) Addition  
Name: WERNER, BERNARD  
Address: 18851 NE 29TH AVENUE, SUITE 510  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID GARFINKLE

MGR

06/29/2005

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