

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-02-2005 90366 046 ****50.00

DOCUMENT # L04000045967 1. Entity Name GSS EQUITY, LLC																													
Principal Place of Business 2300 GLADES ROAD, STE. 100E BOCA RATON, FL 33431			Mailing Address 2300 GLADES ROAD, STE. 100E BOCA RATON, FL 33431																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
8. Name and Address of Current Registered Agent GREENFIELD, WILLIAM R 2300 GLADES ROAD, STE. 100E BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																									
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																													
4. FEI Number 06-1728053				Applied For Not Applicable																									
01242005 Chg-LLC CR2E083 (10/03)																													
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																													
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____																													
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS / MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>Greenfield, William R.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2300 Glades Rd Ste 100E</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Boca Raton FL 33431</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS / CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 40%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td>NAME</td><td></td><td></td></tr> <tr><td>STREET ADDRESS</td><td></td><td></td></tr> <tr><td>CITY - ST - ZIP</td><td></td><td></td></tr> </table> </div> </div>						TITLE	NAME	Delete <input type="checkbox"/>	NAME	Greenfield, William R.		STREET ADDRESS	2300 Glades Rd Ste 100E		CITY - ST - ZIP	Boca Raton FL 33431		TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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: William R. Greenfield 7/3/05 561-392-6662 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																													

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