

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 11, 2008 8:00 am  
Secretary of State**

01-14-2008 90049 010 \*\*\*138.75

**DOCUMENT # L04000047697**

1. Entity Name  
**G & G REAL ESTATE HOLDINGS, LLC**



Principal Place of Business  
**1271 PELICAN LANE  
HOLLYWOOD, FL 33019**

Mailing Address  
**1271 PELICAN LANE  
HOLLYWOOD, FL 33019**



01082008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1380976**

Applied For  
**Not Applicable**

6. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

**8. Name and Address of Current Registered Agent**

**RICHARD M. GOLDSTEIN, P.A.  
200 S. BISCAYNE BOULEVARD STE. 2500  
MIAMI, FL 33131-5430**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing.)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GORDON, GAIL M MANAGIN  
1271 PELICAN LANE  
HOLLYWOOD, FL 33019**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3/6/08**