

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90124 048 ****50.00

DOCUMENT # L04000049048

1. Entity Name
GAF STATION 130, LLC



Principal Place of Business
**2875 N.E. 191ST STREET
SUITE 400-A
AVENTURA, FL 33180**

Mailing Address
**2875 N.E. 191ST STREET
SUITE 400-A
AVENTURA, FL 33180**

20053303



2. Principal Place of Business

2875 NE 191ST STREET

3. Mailing Address

2875 NE 191ST STREET

Suite, Apt. #, etc.

SUITE # 300

Suite, Apt. #, etc.

SUITE # 300

04282005

Chg-LLC

CR2E083 (10/03)

City & State

AVENTURA FL

City & State

AVENTURA FL

4. FEI Number

20-2402184

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BOULEVARD
SUITE 501
AVENTURA, FL 33180**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BRAVER, MARIANO
2875 N.E. 191ST STREET
AVENTURA, FL 33180** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KARNER, MARIANO
2875 N.E. 191ST STREET, SUITE 400-A
AVENTURA, FL 33180** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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TITLE
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CITY-ST-ZIP
 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Change ☐ Addition

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 ☐ Change ☐ Addition

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:

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

MARIANO KARNER

04/28/05 (305) 935-6955

Date

Daytime Phone #