


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90026 025 \*\*\*\*50.00

**DOCUMENT # L04000049446**

1. Entity Name  
**GOV1, LLC**




Principal Place of Business      Mailing Address  
**120 NE 4TH STREET**      **120 NE 4TH STREET**  
**FT. LAUDERDALE, FL 33301**      **FT. LAUDERDALE, FL 33301**

2. Principal Place of Business - No P.O. Box      3. Mailing Address  
**1212 E Broward Blvd**      **1212 E Broward Blvd.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**300**      **300**

City & State      City & State  
 **Ft. Lauderdale FL**       **Ft. Lauderdale FL**  
 Zip      Zip      Country      Country  
**33301**      **Broward**      **33301**      **Broward**

**40069852**



03202007      Chg-LLC      CR2E083 (12/06)

4. FEI Number      Applied For  
**20-1658850**      Not Applicable

5. Certificate of Status Desired            \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**GEX F RICHARDSON, PA**  
**120 NE 4TH STREET**  
**FT. LAUDERDALE, FL 33301**

*75-6230*

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1212 E Broward Blvd**  
**Suite 300**  
**Ft. Lauderdale FL 33301**

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]*      DATE

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by May 1, 2007**      **Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GEORGIAN OAKS VILLAS, LLC 120 NE 4TH STREET FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1212 E Broward Blvd.</b> <b>Ft. Lauderdale, FL 33</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*      Date: **3-2007**      Daytime Phone #: **951-761-8472**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #