


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000053871</b> 1. Entity Name <b>G &amp; M APARTMENTS, LLC</b>	
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Principal Place of Business <b>3343 NW 79 WAY DAVIE, FL 33024 US</b>	Mailing Address <b>3343 NW 79 WAY DAVIE, FL 33024 US</b>
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**DO NOT WRITE IN THIS SPACE**



03192008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-1385884</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>GRIGORIE, GELU 3343 NW 79 WAY DAVIE, FL 33024</b>
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

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

U000000871641  
04/10/08-80005-017 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIGORIE, GELU P 3343 NW 79 WAY DAVIE, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIGORIE, MIHAELA VP 3343 NW 79 WAY DAVIE, FL 33024
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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: Gelu Grigorie 3/24/08 954/450-1952  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**GELU GRIGORIE**