


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90290 029 *****55.00

DOCUMENT # L04000062043 1. Entity Name GOVERNMENT BUILDING ACQUISITIONS, CO., L.L.C.					
Principal Place of Business 2627 NE 203 STREET AVENTURA, FL 33180			Mailing Address 2627 NE 203 STREET AVENTURA, FL 33180		
2. Principal Place of Business 2627 NE 203 Street		3. Mailing Address			
Suite, Apt. #, etc. Suite 118		Suite, Apt. #, etc.			
City & State Aventura, FL		City & State			
Zip 33180	Country	Zip	Country	4. FEI Number 76-0778837	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
5. Name and Address of Current Registered Agent BROWN, GARY L ESQ. PHILLIPS, EISINGER, KOSS & BROWN, P.A. 4000 HOLLYWOOD BOULEVARD, SUITE 265-S HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name Craig D. Savage, Esquire Street Address (P.O. Box Number is Not Acceptable) Craig D. Savage, PA 801 NE 167th Street #302 City North Miami Beach FL Zip Code 33162		
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. <div style="text-align: center;"> CRAIG D. SAVAGE SIGNATURE _____ DATE 3/17/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROSS, JORDAN I 2627 NE 203 STREET MIAMI BEACH, FL 33180	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR David B. Gahagan 1840 N. Commerce PKWY, Suite 3 Weston, FL 33326	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Jordan I. Ross 2627 NE 203rd ST, Suite 118 Aventura, FL 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Charles Boxenbaum 9090 Wilshire BL, 3rd FL Beverly Hills, CA 90211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3/24/05 305-922-0203 <small>Date Daytime Phone #</small>		