


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 26, 2005 8:00 am**  
**Secretary of State**

07-26-2005 90006 001 \*\*\*200.00

<b>DOCUMENT # L04000087142</b>	
1. Entity Name <b>G&amp;O PROPERTIES I LLC</b>	

Principal Place of Business <b>1211 NE 8TH AVE. #200 FT. LAUDERDALE, FL 33304</b>	Mailing Address <b>1211 NE 8TH AVE. #200 FT. LAUDERDALE, FL 33304</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07202005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-1957421</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CORPORATE CREATIONS NETWORK, INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410</b>		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 September 7, 2005**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE & NAME MGR OBER, JAMES	<input type="checkbox"/> Delete	TITLE & NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1211 NE 8TH AVE. #200		STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE, FL 33304		CITY-ST-ZIP	
TITLE & NAME MGR GARVEY, LUKE T	<input type="checkbox"/> Delete	TITLE & NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1211 NE 8TH AVE. #200		STREET ADDRESS	
CITY-ST-ZIP FT. LAUDERDALE, FL 33304		CITY-ST-ZIP	
TITLE & NAME	<input type="checkbox"/> Delete	TITLE & NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE & NAME	<input type="checkbox"/> Delete	TITLE & NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE & NAME	<input type="checkbox"/> Delete	TITLE & NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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:**  **7-10-05** **954-779 3003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #