2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 03, 2005 8:00 am Secretary of State 03-03-2005 90028 041 ****50.00

DOCUMENT # L04000090113 1. Entity Name AJG-GNC, LLC								03-03-2005	90028 041	****50	.00
Principal Place of Business 2101 CORPORATE BOULEVARD, SUITE 410 BOCA RATON, FL 33431			Mailing Address 2101 CORPORATE BOULEVARD, SUITE 410 BOCA RATON, FL 33431								
2. Principal P	lace of Business		3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01112005	Chg-LLC	CR2E083	(10/03)		
City & State			City & State				4. FEI Numb	¹⁶ 76-07	73945	<u> </u>	olied For Applicable
Zip	Country		Zip Cour		5. Certific		5. Certificate	te of Status Desired S5.00 Additional Fee Required			
	6. Name and	Address of Current F	Registered Agent	7. Name and Address of New Registered Agent							
TOLCHIN,	KEN	Name									
2101 COR		LEVARD, SUITÉ 1	410	Street Address (P.O. Box Number is Not Acceptable)							
ſ	/w			City	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											
Fi D	iling Fee is \$5 ue by May 1, 2	() 0.00 2005						ke check pay la Departmen			
9.	· 	MANAGING MEMBER	RS/MANAGERS	10.				ADDITIONS	CHANGES		
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STREET ADDRESS					ET ADDRESS - S1-ZIP						
CITY-ST-ZIP	codify that the infe-	mation expedied with	this filing does not qualify to			ted in So	ction 119.07/2	Vi) Florida Statutos	I further certify	that the in	formation
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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.											
CICNATURE, MI 1 /)/											
SIGNATURE: SIGNATURE AND TIPED OR PRINTED HAVE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Designed Phone #											