

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000004940

Entity Name: G-B-S PROPERTIES, LLC

FILED  
Apr 17, 2008  
Secretary of State

## Current Principal Place of Business:

333 NORTHWEST 70TH AVENUE  
SUITE 116  
PLANTATION, FL 33317 US

## New Principal Place of Business:

## Current Mailing Address:

333 NORTHWEST 70TH AVENUE  
SUITE 116  
PLANTATION, FL 33317 US

## New Mailing Address:

FEI Number: 59-2315315

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAUERBERG, ERIC M  
200 VILLAGE SQUARE CROSSING  
SUITE 102  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: KERSH, ROBERT I MD  
Address: 333 NORTHWEST 70TH AVENUE, SUITE 116  
City-St-Zip: PLANTATION, FL 33317 US

Title: MGR ( ) Delete  
Name: SHULMAN, JOEL S MD  
Address: 333 NORTHWEST 70TH AVENUE, SUITE 116  
City-St-Zip: PLANTATION, FL 33317 US

Title: MGR ( ) Delete  
Name: BUHLER, ALAN S MD  
Address: 333 NORTHWEST 70TH AVENUE, SUITE 116  
City-St-Zip: PLANTATION, FL 33317 US

Title: MGR ( ) Delete  
Name: DRESCHER, MURRY MD  
Address: 333 NORTHWEST 70TH AVENUE, SUITE 116  
City-St-Zip: PLANTATION, FL 33317 US

Title: MGR ( ) Delete  
Name: PELLER, OWEN G MD  
Address: 333 NORTHWEST 70TH AVENUE, SUITE 116  
City-St-Zip: PLANTATION, FL 33317 US

Title: MGR ( ) Delete  
Name: SINGAL, ROBERT S MD  
Address: 333 NW 70TH AVE STE 116  
City-St-Zip: PLANTATION, FL 33317

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT KERSH

MGR

04/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date