

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020052

Entity Name: GGGZ BUILDERS, L.L.C.

FILED  
May 01, 2008  
Secretary of State

## Current Principal Place of Business:

50 BEAL PARKWAY SW  
SUITE 5  
FORT WALTON BEACH, FL 32548

## Current Mailing Address:

P.O. BOX 1419  
FORT WALTON BEACH, FL 32549

## New Principal Place of Business:

105 BEACH DRIVE  
SUITE A5  
FORT WALTON BEACH, FL 32547

## New Mailing Address:

FEI Number: 55-0885560      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

GHOSH, JAYANTA  
50 BEAL PARKWAY SW  
SUITE 5  
FORT WALTON BEACH, FL 32548 US

## Name and Address of New Registered Agent:

GHOSH, JAYANTA  
105 BEACH DRIVE  
SUITE A5  
FORT WALTON BEACH, FL 32547 US

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: JAYANTA GHOSH

05/01/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: GHOSH, JAYANTA  
Address: 50 BEAL PARKWAY SW, STE. 5  
City-St-Zip: FORT WALTON BEACH, FL 32548

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: GHOSH, JAYANTA  
Address: 105 BEACH DRIVE STE. A5  
City-St-Zip: FORT WALTON BEACH, FL 32547

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: JAYANTA GHOSH

D

05/01/2008

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