


PLEASE READ ALL INSTRUCTIONS BEFORE COM

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90119 003 ****50.00

LIMITED LIABILITY COMPANY 2006 AR		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000042057 1. Limited Liability Company's Name GGD Development LLC			
2. Principal Office Address 2937 N. ATLANTIC BLVD - SAME Suite, Apt. #, etc.		3. Mailing Office Address Suite, Apt. #, etc.	
City & State Fort Lauderdale FLORIDA		City & State	
Zip 33308	Country Broward	Zip	Country

✓ 20048298

CR2E041 (8/05)

4. State/Country of Formation Broward Co Florida	
5. Date Organized or Qualified To Do Business in Florida	
6. FEI Number 56-2510973	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name Same as above		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State FL	Zip Code

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date _____
 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MBR	BRUCE GOLDMAN	2937 N. ATLANTIC BLVD	Fort Lauderdale Flor 33308
MBER	Robert Goldstein	2937 N ATLANTIC BLVD	Fort Lauderdale Flor 33308

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Bruce Goldman Date 4-15-06 Daytime Phone # 610 986 5674
 Typed or printed name of signing Managing Member/Manager BRUCE GOLDMAN

Send