


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ **FILED**
May 08, 2006 8:00 am
Secretary of State

04-13-2006 90034 030 ****50.00

DOCUMENT # L05000065458

1. Entity Name
GAN ENTERPRISES, L.L.C.



Principal Place of Business
**CHITRA BHANDARI % KRAMER, GREEN ET AL.
 4000 HOLLYWOOD BLVD, SUITE 485 - SOUTH
 HOLLYWOOD, FL 33021**

Mailing Address
**CHITRA BHANDARI % KRAMER, GREEN ET AL.
 4000 HOLLYWOOD BLVD, SUITE 485 - SOUTH
 HOLLYWOOD, FL 33021**

30007438



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01232006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3105911

Applied For	Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**KRAMER, ROBERT M
 4000 HOLLYWOOD BOULEVARD
 SUITE 485 - SOUTH
 HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BHANDARI, RAMDAS % 4000 HOLLYWOOD BLVD SUITE 485 - SOUTH HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BHANDARI, CHITRA % 4000 HOLLYWOOD BLVD SUITE 485 - SOUTH HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *C. Bhandari* **4/7/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #