

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000071166

FILED
Mar 27, 2008
Secretary of State

Entity Name: GGC INVESTMENTS, L.L.C.

Current Principal Place of Business:

320 U.S. 27 N., SUITE D
AVON PARK, FL 33825

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6928
AVON PARK, FL 33826

New Mailing Address:

FEI Number: 20-3736065 **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:

Name and Address of New Registered Agent:

COBIA, JIM F JR
320 U.S. 27 N., SUITE D
AVON PARK, FL 33825 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: JIM F. COBIA, JR.

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: GURGANUS, ROGER D
Address: 1515 LAKE ISIS DRIVE
City-St-Zip: AVON PARK, FL 33825

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

Title: MGRM () Delete
Name: GOSE, MARK E
Address: P.O. BOX 673
City-St-Zip: SEBRING, FL 338710673

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

Title: MGRM () Delete
Name: COBIA, JIM F JR
Address: P.O. BOX 6928
City-St-Zip: AVON PARK, FL 338266928

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: JIM F. COBIA, JR.

MGRM

03/27/2008

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