2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000074789

1. Entity Name
GI HOLDINGS, LLC





FILED Apr 16, 2007 08:00 AM Secretary of State

Principal Place of Business

C/O SAUL SILBER PROPERTIES 3434 SW 24TH AVE. SUITE A GAINESVILLE, FL 32607 Mailing Address

C/O SAUL SILBER PROPERTIES 3434 SW 24TH AVE. SUITE A GAINESVILLE, FL 32607



DO NOT WRITE IN THIS SPACE

01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 87-0754091 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SILBER, SAUL 2130 N.W. 24TH AVENUE GAINESVILL, FL 32605

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of charions of registered agent.	ging its registered office or registered agent, or both, in the	ne State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		<u> </u>	
TITLE	MGRM		04/24/07-80150-020 50.00	
NAME	SILBER, SAUL			
STREET ADDRESS	2130 NW 24 TH AVENUE			
CITY-ST-ZIP	GAINESVILLE, FL 32605			
TITLE	MGRM			
NAME	BEHMOIRAS, ALAN	į.		
STREET ADDRESS	1300 ALTON ROAD # 8B			
CITY-ST-ZIP	MIAMI BEACH, FL 33139			
TITLE				
NAME				
STREET ADDRESS		I DO NO	OT WRITE	
CITY-ST-ZIP				
TITLE		I IN TH	IS SPACE	
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME		J		
STREET ADDRESS				
CITY-ST-ZIP				

11. I nereby 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SILBER

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Daytime Phone i