FILED Jun 26, 2006 8:00 am Secretary of State 05-08-2006 90040 045 ****50.00

ANNUAL REPORT	
DOCUMENT # L05000074864	

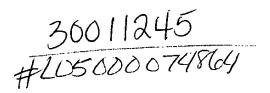
1. Entity Narr GEMBA (4004									
Principal Place of Business Mailing Address					1						
	DLAS BOULEVARD SUITE 1500 RDALE, FL 33301		450 E. LAS OLAS BOULEVARD SUITE 1500 FORT LAUDERDALE, FL 33301		30011245						
2. Principal P	laco of Business	3. Mailing Address	3. Mailing Address								
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			01052006	G Chg-LLC	CR2E083 (11/0	15)			
City & State	e	City & State	City & State		4. FEI Num	ber 5041751	[Applied For Not Applicable			
. Zip	Country	Zip	Zip Country			Certificate of Status Desired \$5.00 Additional Fee Required					
	6. Name and Address of Curre	nt Registered Agent	egistered Agent Name		7. Name and Address of New Registered Agent						
AMERICAN INFORMATION SERVICES, INC. LAS OLAS CENTRE 11, SUITE 1500				Street Address (P.O. Bax Number is Not Acceptable)							
	S OLAS BOULEVARD DERDALE, FL 33301				-	·					
				City			FL Zip C				
 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 accertifications of registered agent. 											
SIGNATURE FigNature, typical or printed name of registered agent and table 4 applicable. (MOTE: Registered Agent signature required when reinstating) DATE											
Filing Fee is \$50.00 Due by May 1, 2006							check payable to Department of St				
9.	MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS/	CHANGES				
TITLE NAME STREET ADDRESS		Celeta	TITLE MAME STREE	464 4	SE PER	olas blus,	□Chang MSTERTRIS MUSOÙ	HAPE A			
CITY-ST-ZIP	<u> </u>		-	ST-ZIP FOY	4 Lane	Lerdale, FI	3330/				
TITLE HAME STREET ADDRESS CITY-ST-209		☐ Delete	HAME STREET CITY-S	7.23900A T			☐ Chang	e 📑 Addition			
TITLE KAME STREET ADDRESS CITY- 51- ZIP		☐ Delete	TITLE HAME STREET CITY-S	T ADDRESS	_		☐ Chang	e 🔲 Addition			
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE MAME STREET CITY-S	I ADDRESS ST-ZIP			☐ Change	e Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deieta	TITLE NAME STREET CITY-S	T ADDRESS			☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME	I ADORESS			☐ Change	Addition			
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 each; that I am a managing member or manager of the limited liability company or the occurrence empowered to execute this report as required by Chapter 608. Florida Statutes.											
SIGNATURE: 425/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Disc Departe Prove 8											

ATTACHMENT HUIZENGA HOLDINGS, INC.

450 East Las Olas Boulevard

AST LAS OLAS BOULEVARD SUITE 1500

FORT LAUDERDALE, FLORIDA 33301 FAX (954) 627-5080 TELEPHONE (954) 627-5000



June 21, 2006

<u>VIA CERTIFIED MAIL & RETURN RECEIPT</u> #7160 3901 9848 3918 0250

Florida Department of State Division of Corporations P.O. Box 6478 Tallahassee, Florida 32314

Dear Sir/Madam:

Per your request, enclosed please find the following Uniform Business Reports with the Federal Employer Identification Number:

4515 Broadway, LLC 618 45th Street, LLC G66, LLC RB Gemba, LLC 4501 Broadway, LLC Langford Landing LLC GEMBA LLC

If you should have any questions or need any additional information, please do not hesitate to contact me.

Thanks in advance for your cooperation and assistance in this matter.

Sincerely,

Randy A. Aube

Controller

RAA/ls

Enclosures