2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000087895

1. Entity Name G.P. TOWER 27, LLC



FILED Apr 05, 2006 8:00 am Secretary of State

03-27-2006 90051 021 ****50.00

Principal Place of Equiness 2003 BSCATNE BLVD, SUITE #200 AVENTURA, PL 33180 2. Principal Place of Business 2003 BSCATNE BLVD, SUITE #200 AVENTURA, PL 33180 3. Mailing Address 2003 BSCATNE BLVD, SUITE #200 AVENTURA, PL 33180 3. Mailing Address 3 3. Mailing Add		·								
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Zip Country Zip Country S. Certificate of Status Desired S. S. Certificate of Status Desired Sea Additional Page Required 6. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent Name Name	Suite, Apt. ≢, etc.		Suite, Apt. #, etc.			02072006	Chg-LLC	CR2E083 (11/05	i)	
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DAVID, ALAN 20803 BISCAYNE BLVD., SUITE #200 AVENTURA, FL 33180 Title grows flow and acceptable) City FL Zip Code Ci		6. Name and Address of Current F	tegistered Agent			7. Name an	d Address of New R		-	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	DAVID ALAN				Name					
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rords. I am familiar with, and accept the obligations of registered agent. Control Registered agent or both, in the State of Rords. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rords. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rords. I am familiar with, and accept the obligations of registered agent. I agent the State of Rords. I am familiar with, and accept the obligations of registered agent. I agent the State of Rords of Rords of Rords agent the obligations of registered agent. I agent the State of Rords of Rords of Rords agent the State of Rords	20803 BIS	CAYNE BLVD., SUITE #200	Street Address		Street Address ((P.O. Box Number is Not Acceptable)				
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r nereby certify that the information supplied with this filing does not quality for the exemptions contained in chapter 11st, monta statutes. I numer 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: SIGNATURE AND TYPED OR PRINTE

IENG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #