


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90037 009 ****50.00

DOCUMENT # L05000111436

1. Entity Name
GGW, LLC



Principal Place of Business
**9625 WES KEARNEY WAY
 RIVERVIEW, FL 33569**

Mailing Address
**9625 WES KEARNEY WAY
 RIVERVIEW, FL 33569**

60042509

2. Principal Place of Business - No P.O. Box #
5115 JOANNE KEARNEY BLVD.

3. Mailing Address
5115 JOANNE KEARNEY BLVD.

Suite, Apt. #, etc.



03162007 Chg-LLC CR2E083 (12/06)

City & State **TAMPA FL**

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4. FEI Number
20-3810921

Applied For
 Not Applicable

Zip **33619** Country **USA**

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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**REED, JAMES M
 9625 WES KEARNEY WAY
 RIVERVIEW, FL 33569**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
5115 JOANNE KEARNEY BLVD.

City **TAMPA** State **FL** Zip Code **33619**

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 *James M Reed* DATE 4/6/07

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, 2007**

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

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRIS, TRACY J JR. 9625 WES KEARNEY WAY RIVERVIEW, FL 33569 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEARNEY, BING CHARLES W JR. 9625 WES KEARNEY WAY RIVERVIEW, FL 33569 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5115 JOANNE KEARNEY BLVD. TAMPA FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5115 JOANNE KEARNEY BLVD. TAMPA FL 33619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *James M Reed* DATE 4/6/07 DAYTIME PHONE # 813 435-7105

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