


# 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**

City & State **TAMPA FL**

4. FEI Number  
**20-3810921**

Applied For  
 Not Applicable

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

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

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	<b>MGRM HARRIS, TRACY J JR. 9625 WES KEARNEY WAY RIVERVIEW, FL 33569</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KEARNEY, BING CHARLES W JR. 9625 WES KEARNEY WAY RIVERVIEW, FL 33569</b> <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 <b>5115 JOANNE KEARNEY BLVD. TAMPA FL 33619</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>5115 JOANNE KEARNEY BLVD. TAMPA FL 33619</b>
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
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