## 2007 LIMITED LIABILITY COMPANY **AMENDED ANNUAL REPORT**

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## FILED DOCUMENT # L06000001080 1. Entity Name G & G INVESTMENTS, LLC 2007 AUG 20 AM 8: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 100 SOUTH SEMARON BLVD. 100 SOUTH SEMARON BLVD. WINTER PARK, FL 32792 WINTER PARK, FL 32792 2. Principal Place of Business - No P.O. 80x # 3. Mailing Address P.O. Box 4405 48 Suite, Apt. #, etc. Chg-LLC 08142007 CR2E083 (12/06) City & State Miami Applied For City & State 4. FEI Number DAVIE 20-4068105 Not Applicable Country Country \$5.00 Additional Dade 5. Certificate of Status Desired BROWARD 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BENFIELD, RON Street Address (P.O. Box Number is Not Acceptable) 2223 LANGLEY CIRCLE ORLANDO, FL 32835 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable DATE Make check payable to Amended AR is \$50.00 Florida Department of State And the second second MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Change TITLE Delete 00108705517 RAHAL, GUS 08/28/07-01033-011 NAME NAME STREET ADDRESS 100 SOUTH SEMARON BLVD. STREET ADDRESS WINTER PARK, FL 32792 CITY-ST-ZIP CITY-ST-ZIP MG-RM MGR .... Change ☐ Delete TITLE ☐ Addition TITLE GALCERAN, GILBERTO NAME NAME 911 Catalonia Aue STREET ADDRESS 623 STALLION COURT STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS; FL 32708 CITY-ST-ZIP TITLE MGR **Delete** TITLE Change ☐ Addition FORESTIER, HIRAM NAME NAME 13411 BRADWATER COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO, FL 32828 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.