

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026798

Entity Name: GFT, LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

% MICHAEL STEVEN GREENE, ESQ.
269 GIRALDA AVENUE, SUITE 201
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

% MICHAEL STEVEN GREENE, ESQ.
269 GIRALDA AVENUE, SUITE 201
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRANSCORPORATE SERVICES INC.
269 GIRALDA AVENUE, SUITE 201
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GREENE, MICHAEL S
Address: % 269 GIRALDA AVENUE, SUITE 201
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: RICH, MICHELLE S
Address: % 269 GIRALDA AVENUE, SUITE 201
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR () Delete
Name: KNEE, RICHARD
Address: % 269 GIRALDA AVENUE, SUITE 201
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL STEVEN GREENE

MGR

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date