


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90148 008 ****50.00

DOCUMENT # L06000027337	
1. Entity Name GGPC PROPERTIES LLC	

Principal Place of Business 407 LINCOLN ROAD, STE. 2A MIAMI BEACH, FL 33139	Mailing Address 407 LINCOLN ROAD, STE. 2A MIAMI BEACH, FL 33139
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2. Principal Place of Business - No P.O. Box # 11900 Biscayne Blvd Suite, Apt. #, etc. Suite 503	3. Mailing Address Suite, Apt. #, etc.
City & State Miami, Florida	City & State
Zip 33818	Country Miami-Dade
Zip 33818	Country

60010264



01122007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4495090	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent STRATTON, DOUGLAS D ESQ. 407 LINCOLN ROAD, STE. 2A MIAMI BEACH, FL 33139	7. Name and Address of New Registered Agent Name Linda M. Smith, Esq. Street Address (P.O. Box Number is Not Acceptable) 1509 NE 105 Street City Miami Shores FL Zip Code 33138
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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 *Linda M. Smith* DATE 1/24/2007

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOLDSTEIN, GARY I 1040 NE 133 STREET MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARY I. Goldstein 1050 Jefferson Ave #2 Miami Beach, FL 33139 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAZASSUS, PIERRE 1040 NE 133 STREET MIAMI, FL 33161 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM James E. Loveridge 100 Valley Pike Johnston, PA 15905 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *Gary I. Goldstein* DATE 1/24/2007 (305) 538-7443

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