## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L06000028699

GG DEVELOPMENT ASSOCIATES, LLC



Principal Place of Business

3125 W. COMMERCIAL BLVD. SUITE 100 FT. LAUDERDALE, FL 33309

Mailing Address

3125 W. COMMERCIAL BLVD. SUITE 100

FT. LAUDERDALE, FL 33309 US

**FILED** Apr 18, 2008 08:00 A Secretary of State



04082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-4836651		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

## 6. Name and Address of Current Registered Agent

GG TONTINE, INC. 3125 W. COMMERCIAL BLVD. SUITE 100 FT. LAUDERDALE, FL 33309

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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	Signature, typed or printed name of registered agent and lifle if applicable	(NOTE Registered Agent signature required when reinstating)	DATE		
	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		U00000905419 		
9.	MANAGING MEMBERS/MANAGERS		00, 01, 00 00000 00, 100, 100, 10		
NAME STREET ADDRESS CITY-ST-ZIP	MGRM GG TONTINE, INC. 3125 W. COMMERCIAL BLVD., SUITE 100 FT. LAUDERDALE, FL 33309		i		
NAME STREET ADDRESS CITY-ST-ZIP			·		
NAME STREET ADDRESS CITY-ST-ZIP	·	DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN 7	THIS SPACE		
TITLE	1	•			

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 emporered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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