2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000097479

1. Entity Name

GSMS 2005-GG4 ASTOR CROWNE PLAZA, LLC



Principal Place of Business

Mailing Address

% LNR PARTNERS, INC. 1601 Washington Avenue, Ste. 700 Miami Beach, FL 33139 % LNR PARTNERS, INC. 1601 WASHINGTON AVENUE, STE. 700 MIAMI BEACH, FL 33139

FILED Jan 30, 2008 8:00 am Secretary of State

01-30-2008 90094 030 ***138.75

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01142008No Chg-LLC

CR2E083 (12/07)

5 Cartificant of Contra Decised	☐ \$5.00 Additional	
20-5839099		Not Applicable
4. FEI Number		Applied For

Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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	named entity submits this statement for the purpose of char ions of registered agent.	nging its registere	d office or registered agent, or both, in the S	State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE. Registered Agonil signature required when reinstating)		DATE
	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - S1 - ZIP	MGR LNR PARTNERS, INC. 1601 WASHINGTON AVENUE, STE. 700 MIAMI BEACH, FL 33139			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
THLE NAME STREET ADDRESS CITY-ST-ZIP			DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	S SPACE
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

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: ______

Randolph J. Wolpert, Vice President

CITY-ST-ZIP

TYPEO OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-18-08

305-695-5600

Daytime Phone #

BY: LNR Partners, Inc., a Florida Corporation, its manager