

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118802

FILED
May 01, 2007
Secretary of State

Entity Name: GPI UNITED PROPERTIES, LLC

Current Principal Place of Business:

117 EAST LAKE AVENUE
A
AUBURNDALE, FL 33823 US

New Principal Place of Business:

Current Mailing Address:

117 EAST LAKE AVENUE
A
AUBURNDALE, FL 33823 US

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GOVONI MANAGEMENT SERVICES, INC.
117 EAST LAKE AVENUE
A
AUBURNDALE, FL 33823 US

Name and Address of New Registered Agent:

GOVONI, BRIAN R
117 EAST LAKE AVENUE
A
AUBURNDALE, FL 33823 US

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: BRIAN R. GOVONI

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: UNITED REALTY MANAGE, MENT, INC.
Address: 3239 NORTH STATE ROAD 7
City-St-Zip: MARGATE, FL 33063 US

Title: MGRM () Delete
Name: RIVERLAKE CAPITAL, L, LC
Address: 5004 RIVER LAKE ROAD
City-St-Zip: WINTER HAVEN, FL 33884 US

ADDITIONS/CHANGES:

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: UNITED REALTY MANAGEMENT, INC.

MGRM

05/01/2007

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