

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000026460

Entity Name: G & Z CHEROKEE VILLAGE, LLC

FILED  
Jan 15, 2008  
Secretary of State

**Current Principal Place of Business:**

1616 CONEY ISLAND AVENUE  
BROOKLYN, NY 11230

**New Principal Place of Business:**

**Current Mailing Address:**

1616 CONEY ISLAND AVENUE  
BROOKLYN, NY 11230

**New Mailing Address:**

FEI Number: 20-8608986

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHN, ALAN B  
GREENSPOON MARDER, P.A.  
100 WEST CYPRESS CREEK ROAD SUITE 700  
FORT LAUDERDALE, FL 33309 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: MGRM ( ) Delete  
Name: SHABTAI, GABI  
Address: 1616 CONEY ISLAND AVENUE  
City-St-Zip: BROOKLYN, NY 11230

Title: MGRM ( ) Delete  
Name: DANINO, ZION  
Address: 1616 CONEY ISLAND AVENUE  
City-St-Zip: BROOKLYN, NY 11230

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SHABTAI, GABI  
Address: 1616 CONEY ISLAND AVENUE  
City-St-Zip: BROOKLYN, NY 11230

Title: MGR (X) Change ( ) Addition  
Name: DANINO, ZION  
Address: 1616 CONEY ISLAND AVENUE  
City-St-Zip: BROOKLYN, NY 11230

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: GABI SHABTAI

MGR

01/15/2008

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