

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000099187

**FILED**  
**Jan 27, 2010**  
**Secretary of State**

**Entity Name:** G2 MASTER PARTNERSHIP, LLC

**Current Principal Place of Business:**

21 WEST FEE AVENUE, SUITE F  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 440  
MELBOURNE, FL 329020440

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GORNT0, SAMUEL F  
21 WEST FEE AVENUE, SUITE F  
MELBOURNE, FL 32901 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  
Name: GORNT0, SAMUEL F TRUSTEE  
Address: 21 WEST FEE AVENUE, SUITE F  
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM  
Name: GORNT0, MARK S  
Address: 21 WEST FEE AVENUE, SUITE F  
City-St-Zip: MELBOURNE, FL 32901

I hereby 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: SAMUEL E. GORNT0

MGRM

01/27/2010

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