

2nd and
FINAL NOTICE: File on or before Sept. 30, 1998 or Limited Liability Company will be dissolved. If dissolved, minimum amount due to reinstate: \$688.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 AUG 17 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE
\$ 588.75
Annual Report \$100.00 + \$68.75 Corporation Supplemental Fee + \$400.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company
DOCUMENT # L95000000841

GAMI CYPRESS CREEK, LLC
4900 POWERLINE ROAD
FORT LAUDERDALE FL 33309

1a. Principal Place of Business Address

4900 POWERLINE ROAD
FORT LAUDERDALE FL 33309

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

11/02/1995

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For

☐ Not Applicable

65-0628186

City & State

City & State

5. Date of Last Report

6. Certificate of Status Desired

09/26/1997

\$875 Additional Fee Required ☐

Zip

Country

Zip

Country

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

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

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

500002620205--E

-08/19/98--01080--003

***588.75 ***588.75

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____

DATE _____

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM GAMI PROPERTIES FLORID 22 BRENT ROAD

LEXINGTON MA

[Handwritten signature]

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: X

[Handwritten signature]

8/10/98

954-776-4824

827-175

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #