NOTICE: Limited Liability Company Will Be Dissolved On Or After October 6, 1997. If Dissolved, Minimum Amount Due To Reinstate: $703.75

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LIMITED LIABILITY COMPANY ANNUAL REPORT 1997

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

FILING FEE $ 588.75 | Annual Report $100.00 + $103.75 Corporation Supplemental Fee + $385.00 Late Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

DOCUMENT #L95000000842

1. Name and Mailing Address of Limited Liability Company

GAMI GOLDEN GLADES, LLC
22 BRENT ROAD
LEXINGTON MA 02173

If above mailing address is incorrect, do not use through incorrect information and enter correction in Block 2a.

1a. Principal Place of Business Address

22 BRENT ROAD
LEXINGTON MA 02173

2. Principal Place of Business

4900 Powerline Road
Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL
Zip: 33309 County: USA

2a. Mailing Address

Same as #2
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Organized or Qualified: 11/02/1995
3a. State of Formation: FL

4. FEI Number: 65-0621883
☐ Applied For
☐ Not Applicable

5. Date of Last Report: 09/18/1996

6. Certificate of Status Desired ☐

7. Name and Address of Current Registered Agent

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

8. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City: FL
Zip Code

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 _____
(Must be Authorized Member/Manager Signature. (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

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****588.75 ****588.75

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KWM

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: Dinesh Patel 9/4/97
(Required) (Required) PRINT NAME OF SIGNING MANAGING MEMBER OR MANAGER