FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JUL 27 AM 8:42

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

FILING FEE $ 588.75 | Annual Report $100.00 + $88.75 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 # L95000000842

GAMI GOLDEN GLADES, LLC
4900 POWERLINE RD.
FT. LAUDERDALE FL 33309

1a. Principal Place of Business Address
4900 POWERLINE RD.
FT. LAUDERDALE FL 33309

2 Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
148 NW 107TH ST.	SAME	11/02/1995	FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For
City & State: N. Miami Beach FL	City & State	65-0621883	☐ Not Applicable
Zip: 33169 Country: U.S.A.	Zip / Country	5. Date of Last Report: 10/06/1997	6. Certificate of Status Desired: $8.75 Additional Fee Required ☐

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/Office

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 _____
(Required When Adding Registered Agent) NOTE: Registered Agent's 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

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: _____ 7/24/98

(TYPED OR PRINTED NAME OF PERSON SIGNING) (TITLE OF PERSON SIGNING) (DATE)