


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L97000000064</b>	
<b>1. Entity Name</b> G&G REAL ESTATE INVESTMENTS, L.C.	

<b>Principal Place of Business</b> 126 SOUTH FEDERAL HIGHWAY SUITE 102 DANIA, FL 33004	<b>Mailing Address</b> 126 SOUTH FEDERAL HIGHWAY SUITE 102 DANIA, FL 33004
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03012006No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FCI Number</b> 62-0891993	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  GLASSMAN, LEE D 1133 S. UNIVERSITY DRIVE, SUITE 211 PLANTATION, FL 33324
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**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent is all that is applicable (NOTE: Registered Agent signature is required when re-electing) **DATE** \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> NAME STREET ADDRESS CITY ST ZIP	MGRM GLASSMAN, PHILLIP 126 S FEDERAL HWY #201 DANIA, FL 33004
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03/23/06-80023-004 50.00

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**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.**

**SIGNATURE:** *Lee D Glassman (FLY DATES) as Agent* **3/9/06** **954-825-2286**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #