

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # L99000002629

1. Entity Name
GEPH, L.L.C.



Principal Place of Business
1428 BRICKELL AVENUE, SUITE 400
MIAMI, FL 33133

Mailing Address
1428 BRICKELL AVENUE, SUITE 400
MIAMI, FL 33133



04052007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1006897

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUMMINGS, PAUL M
% WEINER, CUMMINGS & VITTORIA
1428 BRICKELL AVENUE, SUITE 400
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000700485
04/20/07-80016-022 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME CUMMINGS, PAUL M
STREET ADDRESS 1428 BRICKELL AVENUE, SUITE 400
CITY-ST-ZIP MIAMI, FL 33133

TITLE MGRM
NAME VOLSKY, GEORGE
STREET ADDRESS 1 SOUTHEAST 3RD AVE
CITY-ST-ZIP MIAMI, FL 33131

TITLE MGRM
NAME JACOBS, ERIC
STREET ADDRESS 13594 SW 58TH AVE
CITY-ST-ZIP MIAMI, FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Paul M Cummings*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/5/07

305-371-7800