

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000006512

Entity Name: GS - SPECIALTIES L.L.C.

**FILED**  
**Jan 08, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

613 TRUMPET PLACE  
CELEBRATION, FL 34747 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 470321  
CELEBRATION, FL 347470321 US

**New Mailing Address:**

FEI Number: 59-3605995

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEPHAN, RICHARD A  
613 TRUMPET PLAVE  
CELEBRATION, FL 34747 US

**Name and Address of New Registered Agent:**

STEPHAN, RICHARD A  
613 TRUMPET PLACE  
CELEBRATION, FL 34747 US

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.

SIGNATURE: RICHARD STEPHAN

01/08/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STEPHAN, GABRIELA B  
Address: 613 TRUMPET PLACE  
City-St-Zip: CELEBRATION, FL 34747 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GABRIELA STEPHAN

MGRM

01/08/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date