

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000008197

Entity Name: G & P PROPERTIES, LLC

FILED
Feb 13, 2008
Secretary of State

Current Principal Place of Business:

8771 SW 129 TERRACE
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

8771 SW 129 TERRACE
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-0976687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARL L. GALLO
7840 SW 180TH TERR
MIAMI, FL 33176 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PENNEY, JOHN
Address: 8771 SW 129TH TERR
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Delete
Name: GALLO, CARL
Address: 8775 SW 129TH TERR
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Delete
Name: PENNEY, KATHRYN
Address: 8771 SW 129TH TERR
City-St-Zip: MIAMI, FL 33176

Title: MGRM () Delete
Name: GALLO, KATHLEEN L
Address: 8775 SW 129TH TERR
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

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

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

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

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: CARL L. GALLO

MGRM

02/13/2008

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