

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # M00000000619

1. Entity Name
PYRAMID GP LLC



Principal Place of Business

777 SOUTH FLAGLER DRIVE, SUITE 1101E
C/O GOODMAN PROPERTIES, INC.
WEST PALM BEACH, FL 33401

Mailing Address

777 SOUTH FLAGLER DRIVE, SUITE 1101E
C/O GOODMAN PROPERTIES, INC.
WEST PALM BEACH, FL 33401



04232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHEWALTER, WILLIAM A
777 SOUTH FLAGLER DRIVE, SUITE 1101E
C/O GOODMAN PROPERTIES, INC.
WEST PALM BEACH, FL 33401

**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 reconstituting)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GOODMAN PROPERTIES, INC.
STREET ADDRESS	777 SOUTH FLAGLER DRIVE
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	MEM
NAME	FCC PARTNERS LP, LTD.
STREET ADDRESS	777 SOUTH FLAGLER DRIVE, SUITE 1101E
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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

Goodman Properties Inc. manager

SIGNATURE:

William A. Shewalter

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

April 24, 2008

Date 561-833-3777 Daytime Phone #