2007 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # M04000003149** 1. Entity Name GFG HOLDINGS, LLC



FILED

May 03, 2007 8:00 am Secretary of State 05-03-2007 90255 010 ****55.00

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Principal Place of Business 220 ALHAMBRA CIRCLE, #810 CORAL GABLES, FL 33134		Mailing Address 220 ALHAMBRA CIRCLE, #810 CORAL GABLES, FL 33134		·			- -		
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address		7					
701 Brickell Ave.		701 Brickell Ave						.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Suite, Apt. #, etc. Suite 1730		Suite, Apt. #, etc. Suite 1730			04302007	04302007 Chg-LLC CR2E083 (12/06)			
City & State Miami		City & State Miami			4. FEI Numb 20-116				oplied For ot Applicable
Zip 33131	Country 	Zip 33.13-1	Countr	ry ni Dade	5 C-vifeas	of Status Desired		\$5.00 Add	ditional
33131	6. Name and Address of Current F	1				d Address of New	Registered		
The state of the s				Name Gr	ruener, I	Eduardo			
GUENER, EDUARDO 220 ALHAMBRA CIRCLE, #810 CORAL GABLES, FL 33134		Street Addres		s (P.O. Box Number is Not Acceptable) 1 Brickell Ave.					
				Suite 701					
			-	City	uice /oi	·		Zip Con	le
				M	Miami		FL		-
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	registered	d office or regis	istered agent, or be	oth, in the State of F	Florida. Tam	ramiliar with,	апо ассері
SIGNATURE .									
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	Registered	Agent signature req	ured when reinstating)	·-	DATE		
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Fi	iling Fee is \$50.00		Registered 10.	Agent signature req	wed when reinstating)	Flori	ake check (nent of Stat	e
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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 expowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CLUCK SIGNATURE AND TYPED OR PR

STREET ADDRESS

CITY ST-ZIP

Eduardo Gruener Eduardo Gruener

JEO NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY ST ZIP

04/30/07

305-810-6500

Daytime Phone #