

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90255 010 \*\*\*\*55.00

<b>DOCUMENT # M04000003149</b>					
<b>1. Entity Name</b> GFG HOLDINGS, LLC					
<b>Principal Place of Business</b> 220 ALHAMBRA CIRCLE, #810 CORAL GABLES, FL 33134			<b>Mailing Address</b> 220 ALHAMBRA CIRCLE, #810 CORAL GABLES, FL 33134		
<b>2. Principal Place of Business - No P.O. Box #</b> 701 Brickell Ave.		<b>3. Mailing Address</b> 701 Brickell Ave			
Suite, Apt. #, etc. Suite 1730		Suite, Apt. #, etc. Suite 1730			
City & State Miami		City & State Miami			
Zip 33131		Country Miami-Dade			
Zip 33131		Country Miami-Dade		04302007    Chg-LLC    CR2E083 (12/06)	
<b>4. FEI Number</b> 20-1161288				Applied For Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>					
<b>6. Name and Address of Current Registered Agent</b>  GUENER, EDUARDO 220 ALHAMBRA CIRCLE, #810 CORAL GABLES, FL 33134			<b>7. Name and Address of New Registered Agent</b> Name    Gruener, Eduardo Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Ave. Suite 701 City    Miami    FL    Zip Code    33131		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRUENER, EDUARDO 220 ALHAMBRA CIRCLE, #810 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRUENER, MAURICIO 220 ALHAMBRA CIRCLE, #810 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOVACS, JORGE 1800 WEST LOOP SOUTH STREET, SUITE 1660 HOUSTON, TX 77027	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOVACS, JORGE 1800 West Loop South Street, Suite 1660 Houston, TX 77027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOVACS, JORGE 1800 West Loop South Street, Suite 1660 Houston, TX 77027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOVACS, JORGE 1800 West Loop South Street, Suite 1660 Houston, TX 77027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOVACS, JORGE 1800 West Loop South Street, Suite 1660 Houston, TX 77027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOVACS, JORGE 1800 West Loop South Street, Suite 1660 Houston, TX 77027	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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.</b>					
<b>SIGNATURE:</b>		Eduardo Gruener		04/30/07    305-810-6500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	