

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004725

FILED
Feb 28, 2005
Secretary of State

Entity Name: GEHR DEVELOPMENT FLORIDA LLC

Current Principal Place of Business:

1475 W. CYPRESS CREEK ROAD
SUITE 200
FORT LAUDERDALE, FL 333091945

Current Mailing Address:

1475 W. CYPRESS CREEK ROAD
SUITE 200
FORT LAUDERDALE, FL 333091945

New Principal Place of Business:

1475 W. CYPRESS CREEK ROAD
SUITE 200
FORT LAUDERDALE, FL 333091945 US

New Mailing Address:

1475 W. CYPRESS CREEK ROAD
SUITE 200
FORT LAUDERDALE, FL 333091945 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE, SUITE 3000
MIAMI, FL 33131 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/MEMBERS:

Title: MGR () Delete
Name: GEHR, NORBERT
Address: 7400 EAST SLAUSON AVENUE
City-St-Zip: LOS ANGELES, CA 900403308

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: GEHR, NORBERT
Address: 1475 W. CTPRESS CREEK ROAD, STE 200
City-St-Zip: FT. LAUDERDALE, FL 333091945 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NORBERT GEHR

MGR

02/28/2005

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