

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004564

Entity Name: G1R FLORIDA, LLC

FILED  
Mar 27, 2012  
Secretary of State

## Current Principal Place of Business:

800 GESSNER, SUITE 500  
ATTN: LEGAL DEPARTMENT  
HOUSTON, TX 77024

## New Principal Place of Business:

## Current Mailing Address:

800 GESSNER, SUITE 500  
ATTN: LEGAL DEPARTMENT  
HOUSTON, TX 77024

## New Mailing Address:

FEI Number: 26-0609879

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DRIVE, SUITE A  
TALLAHASSEE, FL 32301 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  
Name: GROUP 1 REALTY, INC.  
Address: 800 GESSNER, SUITE 500  
City-St-Zip: HOUSTON, TX 77024

Title: PRES  
Name: RICKEL, JOHN C  
Address: 800 GESSNER, SUITE 500  
City-St-Zip: HOUSTON, TX 77024 US

Title: VP  
Name: BURMAN, DARRYL M  
Address: 800 GESSNER, SUITE 500  
City-St-Zip: HOUSTON, TX 77024 US

Title: SEC  
Name: SIBLEY, BETH  
Address: 800 GESSNER, SUITE 500  
City-St-Zip: HOUSTON, TX 77024 US

Title: AS  
Name: BARNHILL, RONALD W  
Address: 800 GESSNER, SUITE 500  
City-St-Zip: HOUSTON, TX 77024 US

Title: AS  
Name: BURMAN, DARRYL M  
Address: 800 GESSNER, SUITE 500  
City-St-Zip: HOUSTON, TX 77024 US

I hereby 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: BETH SIBLEY

SEC

03/27/2012

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