

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000607

Entity Name: G2G3, L.L.C.

FILED
Jul 02, 2006
Secretary of State

Current Principal Place of Business:

498 PALM SPRINGS DRIVE, SUITE 100
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

498 PALM SPRINGS DRIVE
SUITE 100
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

935 DEERWOOD LOOP
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 36-4099281 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FERNANDEZ, BRUCE G
935 DEERWOOD LOOP
LONGWOOD, FL 32779 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 () Delete
Name: FERNANDEZ, GERARD JR.
Address: 67 WALL STREET
City-St-Zip: NEW YORK, NY 10005

Title: MGRM () Delete
Name: FERNANDEZ, BRUCE G
Address: 935 DEERWOOD LOOP
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FERNANDEZ, GERARD JR.
Address: ONE CHASE MANHATTAN PLAZA
City-St-Zip: NEW YORK, NY 10005

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: BRUCE G. FERNANDEZ

MGRM

07/02/2006

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