

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000607

Entity Name: G2G3, L.L.C.

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

498 PALM SPRINGS DRIVE  
SUITE 100  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**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)

**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: ONE CHASE MANHATTAN PLAZA  
City-St-Zip: NEW YORK, NY 10005

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

Title: MGR ( ) Delete  
Name: FERNANDEZ, BRITTANI P  
Address: 935 DEERWOOD LOOP  
City-St-Zip: LONGWOOD, FL 32779 US

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

MR.

04/30/2009

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