

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000099187

Entity Name: G2 MASTER PARTNERSHIP, LLC

Current Principal Place of Business:

21 WEST FEE AVENUE, SUITE F
MELBOURNE, FL 32901

Current Mailing Address:

P.O. BOX 440
MELBOURNE, FL 32902-0440

FEI Number: 27-1111794

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GORNT0, SAMUEL E
21 WEST FEE AVENUE, SUITE F
MELBOURNE, FL 32901 US

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

Authorized Person(s) Detail :

Title MGRM
Name GORNT0, SAMUEL ETRUSTEE
Address 21 WEST FEE AVENUE, SUITE F
City-State-Zip: MELBOURNE FL 32901

Title MGRM
Name GORNT0, MARK S
Address 21 WEST FEE AVENUE, SUITE F
City-State-Zip: MELBOURNE FL 32901

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SAMUEL GORNT0

MGRM

04/22/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date