

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90364 032 \*\*\*\*50.00

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<b>DOCUMENT # L01000004656</b> 1. Entity Name <b>GAMMA PROPERTIES, LLC</b>					
Principal Place of Business <b>7280 W. PALMETTO PARK RD., STE. 306N BOCA RATON, FL 33433</b>			Mailing Address <b>7280 W. PALMETTO PARK RD., STE. 306N BOCA RATON, FL 33433</b>		
2. Principal Place of Business <b>290 S.W. 12 Avenue</b>		3. Mailing Address <b>290 S.W. 12 Avenue</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Deerfield Beach, FL</b>		City & State <b>Deerfield Beach, FL</b>		4. FEI Number <b>65-1102194</b>	
Zip <b>33442</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BEAVER PROPERTIES, INC 7280 W PALMETTO PARK ROAD SUITE 306N BOCA RATON, FL 33433</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>290 S.W. 12 Avenue</b> City <b>Deerfield Beach</b> <b>FL</b> Zip Code <b>33442</b>			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SABGA, EMILE 7280 W. PALMETTO PARK RD., STE. 306N BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 290 S.W. 12 Avenue Deerfield Beach, FL 33442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SABGA, GEORGE 7280 W PALMETTO PARK ROAD STE 306 BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 290 S.W. 12 Avenue Deerfield Beach, FL 33442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SABGA, JOSEPH 7280 W PALMETTO PARK ROAD STE 306 BOCA RATON, FL 33433		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 290 S.W. 12 Avenue Deerfield Beach, FL 33442	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b>			<b>Emile Sabga</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>04/29/2005</b> Daytime Phone # <b>(954)425-0295</b>		