FILED
May 25, 2004 8:00 am
Secretary of State

04-30-2004 90083 013 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000007907

1. Entity Name
GSM PROPERTIES, LLC

34007473

Principal Place of Business	Mailing Address
C/O ALLEN & GALEGO 601 BRICKELL KEY DR., STE. 805 MIAMI, FL 33131	C/O ALLEN & GALEGO 601 BRICKELL KEY DR., STE. 805 MIAMI, FL 33131

04292004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
C/o Robert Allen Law	C/o Robert Allen Law
Suite, Apt. #, etc.: 1441 Brickell Ave. Suite 1014	Suite, Apt. #, etc.: 1441 Brickell Ave. Suite 1014
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 Country:	Zip: 33131 Country:

4. FEI Number: 54-2105226 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALLEN & GALEGO
601 BRICKELL KEY DR., STE. 805
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: Robert Allen Law
Street Address (P.O. Box Number is Not Acceptable): 1441 Brickell Ave.
Suite 1014
City: Miami FL Zip Code: 33131

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: By: Robert N. Allen, Jr, President DATE: 4/29/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGR. NAME: GARY L. SAMPLE STREET ADDRESS: 1441 BRICKELL AVENUE #1014 CITY-ST-ZIP: MIAMI, FL 33131	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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.

SIGNATURE: Robert N. Allen, Jr 4/29/04 305-372-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #