

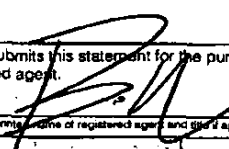
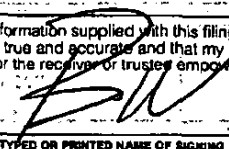
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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DOCUMENT # L03000007907			
1. Entity Name GSM PROPERTIES, LLC			
Principal Place of Business C/O ALLEN & GALEGO 601 BRICKELL KEY DR., STE. 805 MIAMI, FL 33131		Mailing Address C/O ALLEN & GALEGO 601 BRICKELL KEY DR., STE. 805 MIAMI, FL 33131	
2. Principal Place of Business C/O Robert Allen Law Suite, Apt. #, etc. 1441 Brickell Ave. Suite 1014 City & State MIAMI, FL Zip 33131		3. Mailing Address C/O Robert Allen Law Suite, Apt. #, etc. 1441 Brickell Ave. Suite 1014 City & State MIAMI, FL Zip 33131	
4. FEI Number 54-2105220		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		D4292004 Chg-LLC CR2E083 (10/03)	
8. 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 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 type is 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 NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: 		Date 4/29/04 305-372-3000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	