

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2007 08:00 AM**  
**Secretary of State**

|                                               |                                                                                   |
|-----------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000012932</b>                |  |
| 1. Entity Name<br><b>GMB INVESTMENTS, LLC</b> |                                                                                   |

|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br><b>188 TOPANGA DR.<br/>BONITA SPRINGS, FL 34134</b> | Mailing Address<br><b>188 TOPANGA DR.<br/>BONITA SPRINGS, FL 34134</b> |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|



03272007 No Chg-LLC

CR2E083 (11/05)

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|                                                                                                 |                                                                   |
|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 4. FEI Number<br><b>20-0767322</b>                                                              | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |                                                                   |

|                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent<br><br><b>VLAHOVIC, KATHRYN<br/>188 TOPANGA DRIVE<br/>BONITA SPRINGS, FL 34134</b> |
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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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                      |                                                                                             |
|---------------------------------------------------|---------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>MGR<br/>VLAHOVIC, KATHRYN<br/>188 TOPANGA DRIVE<br/>BONITA SPRINGS, FL 34134</b>         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>MGRM<br/>LICUL, MILAN<br/>141 WEST 38TH STREET C/O ARNO REST.<br/>NEW YORK, NY 10018</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <b>MGRM<br/>TURCINOVIC, BRANKO<br/>3 MESA ROAD<br/>SYOSSET, NY 11791</b>                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP |                                                                                             |

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Kathryn Vlahovic*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #