

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086390

Entity Name: GIPA INVESTMENTS LLC

FILED  
Apr 30, 2009  
Secretary of State

**Current Principal Place of Business:**

7955 NW 12 STREET, SUITE 400  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

520 BRICKELL KEY DR  
STE O-301  
MIAMI, FL 33131

**New Mailing Address:**

1000 BRICKELL AVENUE, SUITE 215  
MIAMI, FL 33131

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATE MAINTENANCE SERVICES, LLC  
520 BRICKELL KEY DR STE O-301  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

CORPORATE MAINTENANCE SERVICES, LLC  
1000 BRICKELL AVENUE, SUITE 215  
MIAMI, FL 33131 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:

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PABLO ERNESTO TORRES  
Address: 7955 NW 12 STREET, SUITE 400  
City-St-Zip: MIAMI, FL 33126

Title: MGRM ( ) Delete  
Name: TORRES, GINETH  
Address: 7955 NW 12 STREET, SUITE 400  
City-St-Zip: MIAMI, FL 33126

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: PABLO ERNESTO TORRES

MGR

04/30/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date