

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000012290

FILED  
Apr 06, 2009  
Secretary of State

Entity Name: GDS INVESTMENTS GROUP LLC

**Current Principal Place of Business:**

2090 N. ATLANTIC AVE.  
UNIT #501  
COCOA BEACH, FL 32931

**New Principal Place of Business:**

**Current Mailing Address:**

3805 SUNWARD DR  
MERRITT ISLAND, FL 32953

**New Mailing Address:**

FEI Number: 20-8371615

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOTO, JAVIER J  
3805 SUNWARD DR  
MERRITT ISLAND, FL 32953 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SOTO, JAVIER J  
Address: 3805 SUNWARD DR  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: MGRM ( ) Delete  
Name: DEL RIO, SAMUEL  
Address: 590 APACHE TRAIL  
City-St-Zip: MERRITT ISLAND, FL 32953

Title: MGRM ( ) Delete  
Name: GERACI, JANIE  
Address: 125 CRISPIN STREET  
City-St-Zip: MERRITT ISLAND, FL 32952

**ADDITIONS/CHANGES:**

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

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: JAVIER SOTO

MGRM

04/06/2009

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