

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000104603

**FILED**  
**Jan 13, 2009**  
**Secretary of State**

**Entity Name:** GELO MANAGEMENT, LLC

**Current Principal Place of Business:**

220 ALHAMBRA CIRCLE  
11TH FLOOR  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

220 ALHAMBRA CIRCLE  
11TH FLOOR  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

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

CTC MANAGEMENT SERVICES, LLC  
220 ALHAMBRA CIRCLE  
11TH FLOOR  
CORAL GABLES, FL 33134 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: MGR ( ) Delete  
Name: MERCANTIL COMMERCEBANK TRUST COM  
Address: 220 ALHAMBRA CIR 11TH FL  
City-St-Zip: MIAMI, FL 33134

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MERCANTIL COMMERCEBANK TRUST COMPANY NA  
Address: 220 ALHAMBRA CIRCLE, 11TH FLOOR  
City-St-Zip: MIAMI, FL 33134 US

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: MERCANTIL COMMERCEBANK TRUST COMPANY NA                      MGR                      01/13/2009

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