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	Mailing Address
C/O ALLEN & GALEGO 601 BRICKELL KEY DR., STE. 805 MIAMI, FL 33131	C/O ALLEN & GALEGO 601 BRICKELL KEY DR., STE. 805 MIAMI, FL 33131

2. Principal Place of Business	3. Mailing Address
C/O Robert Allen Law	C/O Robert Allen Law
Suite, Apt. #, etc. 1441 Brickell Ave. Suite 1014	Suite, Apt. #, etc. 1441 Brickell Ave. Suite 1014
City & State Miami, FL	City & State Miami, FL
Zip 33131 Country	Zip 33131 Country

04292004 Chg-LLC CR2E083 (10/03)

4. FEI Number 54-2105226 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. 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 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 title if 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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete
		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		Change	Addition
	MGR. GARY L. SAMPLE 1441 BRICKELL AVENUE #1014 MIAMI, FL 33131	☐ Change	☑ Addition
		☐ Change	☐ Addition
		☐ Change	☐ Addition
		☐ Change	☐ Addition
		☐ Change	☐ Addition
		☐ Change	☐ Addition

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: Robert N. Allen, Jr. 4/29/04 305-372-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #