

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001647

Entity Name: GFI INVESTMENTS, LLC

FILED
Feb 03, 2005
Secretary of State

Current Principal Place of Business:

6111 PORTER WAY
SARASOTA, FL 34232

New Principal Place of Business:

7669 N.W. PINE LEVEL ST.
ARCADIA, FL 34266

Current Mailing Address:

6111 PORTER WAY
SARASOTA, FL 34232

New Mailing Address:

7669 N.W. PINE LEVEL ST.
ARCADIA, FL 34266

FEI Number: 65-0981044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVIN, JEROME S
1605 FRUITVILLE ROAD
SUITE 102
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

VIA, DANNY B
7669 N.W. PINE LEVEL ST.
ARCADIA, FL 34266 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: DANNY B. VIA

02/03/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: VIA, DANNY B
Address: 6900 SW AIRBOAT DRIVE
City-St-Zip: ARCADIA, FL 34266

Title: MGRM () Delete
Name: GEIGER, JEFFREY A
Address: 4950 MYAKKA VALLEY TRAIL
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VIA, DANNY B
Address: 7669 N.W. PINE LEVEL ST.
City-St-Zip: ARCADIA, FL 34266

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DANNY B. VIA

MGR

02/03/2005

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