2002 UNIFORM BUSINESS REPORT (UBR)

FILED
02 NOV 25 AM 11: 05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0017203

DOCUMENT # L00000007774

1. Entity Name
GAMI, L.L.C.

Principal Place of Business	Mailing Address
2184 E. EAU GALLIE BLVD., #134 INDIAN HARBOUR BEACH FL 32937	2184 E. EAU GALLIE BLVD., #134 INDIAN HARBOUR BEACH FL 32937

2. Principal Place of Business		3. Mailing Address	
1900 S. HARBOR CITY BLVD		SAME	
Suite, Apt. #, etc. 341		Suite, Apt. #, etc.	
City & State MELBOURNE, FL		City & State	
Zip 32901	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number APPLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAWKINS, MICHAEL W 2184 E. EAU GALLIE BLVD., #134 INDIAN HARBOUR BEACH FL 32937	Name HAWKINS, MICHAEL W Street Address (P.O. Box Number is Not Acceptable) 1900 S. HARBOR CITY BLVD SUITE 341 City MELBOURNE FL Zip Code 32901

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 [signature] MICHAEL W HAWKINS 7/29/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HAWKINS, MICHAEL W PO BOX 361974 MELBOURNE FL 32935	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HAWKINS MICHAEL W. 1900 S. HARBOR CITY BLVD, SUITE 341 MELBOURNE, FL 32901	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300009213273 11/25/02--01091--002 **50.00	☐ Change ☐ Addition
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CR2E083 (4/02)

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: [signature] SIGNATURE REQUIRED 7/29/02 321-508-6516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #