


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90378 040 ****50.00

DOCUMENT # L00000007774 1. Entity Name GAMI, L.L.C.					
Principal Place of Business 1900 S HARBOR CITY BLVD STE 315 MELBOURNE, FL 32901			Mailing Address 1900 S HARBOR CITY BLVD STE. 315 MELBOURNE, FL 32901		
2. Principal Place of Business - No P.O. Box # 2910 Bush Dr.		3. Mailing Address 2910 Bush Dr.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Melbourne, FL		City & State Melbourne, FL		4. FEI Number 59-3666094	
Zip 32935		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HAWKINS, MICHAEL W 1900 S HARBOR CITY BLVD STE. 315 MELBOURNE, FL 32901			7. Name and Address of New Registered Agent Name Avante Holding Group Street Address (R.O. Box Number is Not Applicable) 2910 Bush Dr. City Melbourne FL Zip Code 32935		
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 MEDDOLANK DATE 4-20-07 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAWKINS, MICHAEL W 1900 SOUTH HARBOR CITY BLVD., #315 MELBOURNE, FL 32901	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: MEDDOLANK DATE 4-20-07 DAYTIME PHONE # 321-421-6349 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					