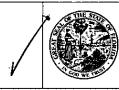
LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L00000007774

1. Entity Name

GAMI, L.L.C.



FILED Mar 12, 2003 8:00 am Secretary of State

Applied For

\$5.00 Additional

Fee Required

Not Applicable

03-12-2003 90013 014 ****50.00

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Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number City & State 59-3666094 MELBOURLE Country US A

> DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent											
Name MICLO	EL Haw	rius									
- Street Address (F	HURBOR	CITY BLVD									
			•								

5. Certificate of Status Desired

SUITE 315 MELBURLE

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, typed or printed name of registered agent and title if applicable

> FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1**

MANAGING MEMBERS/MANAGERS 9. mhem TITLE TILE Hawkins, michael W NAME 1900 S. Haerce (Ity BIVD; SUITE 34) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP METBURNEFL 30901 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIE CITY-ST-ZIP-TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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: OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE