'2008 LIMITED LIABILITY COMPANY

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| ANNUAL REPORT | | | | Feb 11, 2008 08:0 |
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| DOCUMENT # L0000009919 | | | | Secretary of St |
| Delity Name GDR MANAGEMENT LLC | | | | • |
| GDK WA | NAGENIENT LLC | | | |
| | | | | - |
| Principal Place of Business Mailing Address ADD STADDAM DADY DOWN | | | · | |
| | | 800 SEMORAN PARK DRIVE • WINTER PARK, FL 32792 | | |
| | | | | I INDIANI ANI ANNI JOHN ABISI BANK BANK BANK ARINI ABISI INDIA 1010: 1764 10160: 171 1001 |
| | * * | | : | |
| • | | • | - | 01282008 No Chg-LLC |
| Г | O NOT WRITE | IN THIS SPA | CE . | |
| | | <u>.</u> | | 4. FEI Number Applied For 52-2268967 Not Applicable |
| | | • | , . | 5. Certificate of Status Desired |
| | 6. Name and Address of Current | Registered Agent | | - Co Negario |
| A D D I O I A | CARV | | | no. |
| ABRIOLA, GARY 800 SEMORAN PARK DRIVE | | | | DO NOT WRITE |
| WINTER | PARK, FL 32792 | | | IN THIS SPACE |
| | | | ex . | |
| | | the purpose of changing its register | red office or register | red agent, or both, in the State of Florida. I am familiar with, and accept |
| the obliga | tions of registered agent | | | 16860 |
| SIGNATURE. | Signature, typed or printed name of registered agent | ind title if applicable (NOTE Register | ed Agent signature required | d when reinstating) DATE |
| EN E | NOW!!! FEE IS \$138.75 | | ······································ | |
| | y 1, 2008 Fee will be \$538.75 | | • | |
| 9. | MANAGING MEMBE | RS/MANAGERS | 2.1 | |
| TITLE | MGR | | , W | |
| NAME CIRCLE ADDRESS | ABRIOLA, GARY | | | |
| STREET ADDRESS CITY-ST-ZIP | 800 SEMORAN PARK DRIVE WINTER PARK, FL 32792 | | | |
| TITLE | MGR | | ` | ციგიიმექვებნ |
| NAME | ABRIOLA, RONALD V | | 20 J | 000000623236 02/28/08-80030-022_138.75 |
| STREET ADDRESS | 800 SEMORAN PARK DRIVE | • | | and the state of t |
| CITY-ST-ZIP | WINTER PARK, FL 32792 | • | | e mentral de la companya de la comp La companya de la co |
| TITLE NAME | MGR ABRIOLA, DENNIS J | | * | |
| STREET ADDRESS | 800 SEMORAN PARK DRIVE | | | |
| CITY-ST-ZIP | WINTER PARK, FL 32792 | | | DO NOT WRITE |
| TITLE | | | ari N | IN THIS SPACE |
| NAME | | | | |
| STREET ADDRESS CITY - ST - ZIP | | | 4 | |
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| STREET ADDRESS CITY+ST-ZIP | | | | |
| TITLE | 4 | | · | |
| | , , , | | _ | |

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: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS