


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L00000010587</b> 1. Entity Name GA DIRECT LLC	
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Principal Place of Business 1665 NW 102ND AVE, STE. 103 MIAMI, FL 33172	Mailing Address 1665 NW 102ND AVE, STE. 103 MIAMI, FL 33172
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**DO NOT WRITE IN THIS SPACE**



01212005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1049513	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ALHAMBRA REGISTERED AGENTS, INC. C/O KARP & GENAUER, P.A. 2 ALHAMBRA PLAZA, SUITE 1202 CORAL GABLES, FL 33134
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**DO NOT WRITE  
IN THIS SPACE**

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 (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GARDENS AMERICA INCORPORATED 1665 NW 102 AVE, SUITE 103 MIAMI, FL 33172
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000000208392  
02/01/05-80084-010 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** Colleen Salter 1/27/05 3056402390  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #