2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000846

1. Entity Name

GB INVESTMENTS, L.L.C.



FILED Mar 17, 2003 8:00 am Secretary of State 03-17-2003 90003 005 ****50.00

			WE THE				
	ce of Business	Mailing Address					
7554 SAN SEBASTIAN DR. BOCA RATON FL 33433		7554 SAN SEBASTIAN DR. BOCA RATON FL 33433					•
[•		1 (10)(10)	1 8 11 4810 1 11 0 11 80 111 80 111 40 111 84 111 8	(8) 60 101 (616 6	IBIE 0111 1861
2. Principal f	Place of Business	3. Mailing Address		— · 			
Suite, Apt. #, etc.		Cuito Art # cts				- - - - - - - - - - -	1818 B111 1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Numb	er 65-1086754	-	pplied For lot Applicable
Zip Country		Zip Country		5. Certificate	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 A		
GIOI	MMONI, ENRICO		Name				
7554	SAN SEBASTIAN DR.	,	Street Address	ss (P.OBox Numb	er is Not Acceptable)		
800	CA RATON FL 33433			:			
		•	City		FL	Zip Cod	ie
8. The above	named entity submits this statement fo	r the purpose of changing its	registered office or regis	stered agent, or bo	th, in the State of Florida. I am f	 amiliar with,	and accept
_	ions of registered agent.			•	•		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registered Agent signature requ	uired when reinstating)	DATE		— [
		FILE NO	OW!!! FEE IS \$50.0	0			
		I I	le to Florida Departn	nent of State			
			e By May 1, 2003	,			
9.	MANAGING MEMBE		10.		ADDITIONS/CHANGES		
TITLE NAME	MGR GIOMMONI, ENRICO	Delete .	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS	7554 SAN SEBASTIAN DR.		STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE	;		☐ Change	☐ Addition
NAME			NAME	•			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		□ Delete	TITLE		······································	☐ Change	☐ Addition
NAME		C Delete	NAME	i		C Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
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TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				}
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TITLE		☐ Delete	TITLE			Change	☐ Addition
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	···		CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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I hereby certify that the information supplied with this filling 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 employered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: