2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90031 015 ****50.00

DOCUMENT # L01000018856

1. Entity Name

GAMBURD HOLDINGS, L.L.C.

Principal Place of Business	Mailing Address
1543 NE 194TH STREET NORTH MIAMI BEACH FL 33179	1543 NE 194TH STREET NORTH MIAMI BEACH FL 33179

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
1930 Harrison Street	1930 Harrison Street
Suite, Apt. #, etc.: suite 202	Suite, Apt. #, etc.: suite 202
City & State: Miami/Holly Wood	City & State: Holly Wood
Zip: fl33020 Country: USA	Zip: fl33020 Country: USA

4. FEI Number 65-1156164 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GAMBURD, DANIEL
1543 PRESIDENTIAL WAY
MIAMI FL 33179

7. Name and Address of New Registered Agent

Name: GAMBURD, DANIEL
Street Address (P.O. Box Number is Not Acceptable): 1930 HARRISON STREET
suite 202
City: Holly Wood FL Zip Code: 33020

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DG INVESTMENTS LIMITED INC. 1543 NE 194TH STREET NORTH MIAMI BEACH FL 33179	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GAMBURD, DANIEL 1543 NE 194TH STREET NORTH MIAMI BEACH FL 33179	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: _____ 4-8-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #