

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90351 030 \*\*\*\*50.00

**DOCUMENT # L02000002224**

**1. Entity Name**

**GBA, LLC**



**Principal Place of Business**

**9639 CORAL WAY  
MIAMI FL 33165**

**Mailing Address**

**9639 CORAL WAY  
MIAMI FL 33165**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

**AP-PLIED FOR**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**



MOORE

CR2E083 (11/03)

**6. Name and Address of Current Registered Agent**

**JACOBOWITZ, MELVIN J  
11900 BISCAYNE BLVD.  
SUITE 720  
MIAMI FL 33181**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**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**

*Karen J. Green* **KAREN J. GREEN**

**4-19-04**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2004**

**9. MANAGING MEMBERS / MANAGERS**

**TITLE** DP ☐ Delete  
**NAME** GREEN, PAUL C  
**STREET ADDRESS** 9639 CORAL WAY  
**CITY-ST-ZIP** MIAMI FL 33165

**TITLE** DVP ☐ Delete  
**NAME** GREEN, JOYCE E  
**STREET ADDRESS** P.O. BOX 547096  
**CITY-ST-ZIP** SURFSIDE FL 33154

**TITLE** DS ☐ Delete  
**NAME** GREEN, KAREN J  
**STREET ADDRESS** 9639 CORAL WAY  
**CITY-ST-ZIP** MIAMI FL 33165

**TITLE** ST ☐ Delete  
**NAME** KING, JANICE A  
**STREET ADDRESS** 9639 CORAL WAY  
**CITY-ST-ZIP** MIAMI FL 33165

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**10. ADDITIONS / CHANGES**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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:**

*Karen J. Green* **KAREN J. GREEN**

Date

Daytime Phone #

**4-19-04 223-6587**

**305 -**