2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# L02000002224

Entity Name: GBA, LLC

Current Principal Place of Business:

9639 CORAL WAY
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

9639 CORAL WAY
MIAMI, FL 33165

New Mailing Address:

FEI Number: 20-0698195 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREEN, KAREN J
9639 CORAL WAY
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: DP ( ) Delete
Name: GREEN, PAUL C
Address: 9639 CORAL WAY
City-St-Zip: MIAMI, FL 33165

Title: DVP ( ) Delete
Name: GREEN, JOYCE E
Address: P.O. BOX 547096
City-St-Zip: SURFSIDE, FL 33154

Title: DS ( ) Delete
Name: GREEN, KAREN J
Address: 9639 CORAL WAY
City-St-Zip: MIAMI, FL 33165

Title: ST ( ) Delete
Name: KING, JANICE A
Address: 9639 CORAL WAY
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 MGR. 04/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date