

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000006244

Entity Name: GAZELLE INVESTMENTS, LLC

FILED
Apr 18, 2005
Secretary of State

Current Principal Place of Business:

2096 GUADELOUPE DRIVE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

2096 GUADELOUPE DRIVE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 04-3648643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YEO, CHENG B
2096 GUADELOUPE DRIVE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

YEO, CHENG B MR.
2096 GUADELOUPE DRIVE
WELLINGTON, FL 33414 US

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: YEO, CHENG BOCK

04/18/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: YEO, CHENG B
Address: 2096 GUADELOUPE DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM () Delete
Name: URALLI, EMRE
Address: 2096 GUADELOUPE DRIVE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: YEO, CHENG B MR.
Address: 2096 GUADELOUPE DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM (X) Change () Addition
Name: URALLI, EMRE MR.
Address: 2096 GUADELOUPE DRIVE
City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the 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 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: YEO, CHENG BOCK

MGMR

04/18/2005

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