## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

SIGNATURE AND TYPED OR

## Apr 22, 2004 8:00 am Secretary of State 04-22-2004 90449 001 \*\*\*150.00 **DOCUMENT # L02000012235** 1. Entity Name GB AND A, LLC Principal Place of Business Mailing Address 34003549 410 S.W. 128TH AVE. 410 S.W. 128TH AVE. MIAMI, FL 33184 MIAMI, FL 33184 01162004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3716267 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COSTA, GABRIEL A DO NOT WRITE 410 S.W. 128TH AVE. MIAMI, FL 33184 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME COSTA, GABRIEL A 410 S.W. 128TH AVE. STREET ADDRESS CITY-ST-7IP MIAMI, FL 33184 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. 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 true of empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: ✓

RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED