2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT Apr 29, 2008 08:00 AM Secretary of State **DOCUMENT # L02000012235 GB AND A. LLC** Principal Place of Business Mailing Address 410 S.W. 128TH AVE. 410 S.W. 128TH AVE. MIAMI, FL 33184 MIAMI, FL 33184 CR2E083 (12/07) 04022008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 U000000932357 MANAGING MEMBERS/MANAGERS 9. MGR TITLE COSTA, GABRIEL A NAME 410 S.W. 128TH AVE. STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33184 TITLE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 hipowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

30/4/08 an

(305)4444541

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