

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015342

FILED
Feb 12, 2009
Secretary of State

Entity Name: GFA CAPITAL MANAGEMENT, LLC

Current Principal Place of Business:

2080 RINGLING BLVD.
1ST FLOOR
SARASOTA, FL 34237 US

New Principal Place of Business:

Current Mailing Address:

2080 RINGLING BLVD.
1ST FLOOR
SARASOTA, FL 34237 US

New Mailing Address:

FEI Number: 16-1615042 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAZIER, GEOFFREY
2080 RINGLING BLVD.
2ND FLOOR
SARASOTA, FL 34237 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: P () Delete
Name: FRAZIER, GEOFFREY A
Address: 2080 RINGLING BLVD., 1ST FLOOR
City-St-Zip: SARASOTA, FL 34237

Title: V () Delete
Name: ST. GEORGE, RICK
Address: 2080 RINGLING BLVD., 1ST FLOOR
City-St-Zip: SARASOTA, FL 34237

Title: D () Delete
Name: DIXON, MIKE J
Address: 2080 RINGLING BLVD., 1ST FLOOR
City-St-Zip: SARASOTA, FL 34237

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:

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: GEOFFREY FRAZIER P 02/12/2009

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