

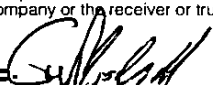


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90039 004 ****50.00

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| DOCUMENT # L02000018448 1. Entity Name GAM HOLDINGS, LLC | | | |  | |
| Principal Place of Business 5871 GLEN RIDGE DR STE 400 ATLANTA, GA 30328 | | | | Mailing Address PO BOX 56-5335 MIAMI, FL 33256 | |
| 2. Principal Place of Business 3420 Bird Road Suite, Apt. #, etc. | | 3. Mailing Address 3420 Bird Road Suite, Apt. #, etc. | |  | |
| City & State MIAMI FL | | City & State MIAMI FL | | 03062006 Chg-LLC CR2E083 (11/05) | |
| Zip 33133 | | Country USA | | 4. FEI Number 54-2064570 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent M & W AGENTS, INC. 2101 CORPORATE BLVD., SUITE 107 BOCA RATON, FL 33431 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MITCHELL, GUY 5871 GLEN RIDGE DR NE STE 400 ATLANTA, GA 30328 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 3420 Bird Road MIAMI FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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 empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE:  | | | Date 3/7/06 Daytime Phone # 305 443 4444 | | |