


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90274 030 ****50.00

| | | | | |
|---|---------|---|--|---|
| DOCUMENT # L02000032063 | | | |  |
| 1. Entity Name G.A. PROPERTIES, L.L.C. | | | | |
| Principal Place of Business 7760 W. 20TH AVENUE ONE HIALEAH FL 33016 US | | Mailing Address 7760 W. 20TH AVENUE ONE HIALEAH FL 33016 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | |
| City & State | | City & State | | |
| Zip | Country | Zip | Country | |
| 6. Name and Address of Current Registered Agent WEINTRAUB, ABRAHAM 7760 W. 20TH AVENUE ONE HIALEAH FL 33016 | | | 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 _____ | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 | | | | |

64058120



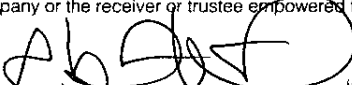
MOORE CR2E083 (11/03)

4. FEI Number **61-1433749** Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|--------------------------------|--------------------------------------|-------------------------|---|
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DI ROBERTO, GIRARD | NAME | |
| STREET ADDRESS | 21243 N.E. 18TH PLACE | STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33179 | CITY-ST-ZIP | |
| TITLE | MGRM <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WEINTRAUB, ABRAHAM | NAME | |
| STREET ADDRESS | 7760 W. 20TH AVENUE, SUITE 1 | STREET ADDRESS | |
| CITY-ST-ZIP | HIALEAH FL 33016 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

11. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **ABRAHAM WEINTRAUB** 4/5/04 305-557-9398
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #