

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # L03000003971

1. Entity Name
GAMA DEVELOPMENT LLC



Principal Place of Business
490 OPA-LOCKA BLVD.
SUITE 11
OPA-LOCKA, FL 33326

Mailing Address
490 OPA-LOCKA BLVD.
SUITE 11
OPA-LOCKA, FL 33326

2. Principal Place of Business

814 San Remo Dr

3. Mailing Address

814 San Remo Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Weston, FL

Zip
33326

Country

Zip
33326

Country

04292004

Chg-LLC

CR2E083 (10/03)

7/30

4. FEI Number

20-1387097

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

CAGLE, PETER B
6701 SUNSET DRIVE #112
MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name

LUIS F. GONZALEZ

Street Address (P.O. Box Number is Not Acceptable)

814 San Remo Dr

City

Weston

FL

Zip Code

33326

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

LUIS F. GONZALEZ

4-29-04

Signature typed or printed name of registered agent and filer, if applicable.

(NOTE: Registered Agent signature required when resigning.)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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:

LUIS F. GONZALEZ

4-29-04 (954) 349-1103

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

Date

TELEPHONE #