## 2005 LIMITED LIABILITY COMPANY

Ian 18. 2005 08:00 AM

ANNUAL REPORT				Jan 10, 2003 00.00		
DOCUMENT # L03000020086					Secreta	ry of State
1. Entity Nam GMA INV	ESTMENT GROUP, LLC					
Principal Plac	e of Business	Mailing Address				
PO BOX 11517 PO BOX 11517 FORT LAUDERDALE, FL 33339-1517 FORT LAUDERDALE, FL 33339-		39-1517				
DO NOT WRITE IN THIS SPAC			ne -	01112005 No Chg-LL	C CR2EC	83 (10/03)
	O NO! WA!!E	IN THIS SPA	UE .	4. FEI Number NOT APPLICABL	E	Applied For Not Applicable
				5. Certificate of Status De		\$5.00 Additional see Required
	6. Name and Address of Current F	legistered Agent	A STATE OF THE STA			and the second s
ANDERSON, GAIL KAREN 1905 NE 30TH STREET			The state of the s	DO NOT		
FORT LAU	JDERDALE, FL 33306		12 TO	IN THIS	SPACE	د از این از این
A The above	named entity submits this statement for	the nurrouse of changing its register	red office or register	ed agent or holb in the Sta	ate of Florida Lam I	amiliar with and accent
	tions of registered agent.	the putpose of priming its regions	. ou omoe of register	and adjes in a book in a so one	,	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE Register	red Agent signature required	when reinstating)	DATE	
F	iling Fee is \$50.00 ue by May 1, 2005		_			
9.	MANAGING MEMBER	S/MANAGERS				
TITLE NAME	MGRM ANDERSON, GAIL KAREN					
STREET ADDRESS CITY-ST-ZIP	1905 NE 30TH STREET FORT LAUDERDALE, FL 33306			102	10000184493 1705-80032	014 50.00
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NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME				IN THIS	SPACE	

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 cath; 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.

CITY-ST-ZIP

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

12/2005 9542320992 01 Daylime Phone #