2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L03000030341

Entity Name: GA INVESTMENTS, LLC

Current Principal Place of Business:

8447 STABLES RD.
JACKSONVILLE, FL 32256 US

New Principal Place of Business:

Current Mailing Address:

8447 STABLES RD.
JACKSONVILLE, FL 32256 US

New Mailing Address:

FEI Number: 20-0188563 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASTILLO, RAMON A MD
6885 BELFORT OAKS PLACE
SUITE 240
JACKSONVILLE, FL 32216 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:	MGR	( ) Delete
Name:	GAUDIER, FRANCISCO L M. D.	
Address:	8447 STABLES ROAD	
City-St-Zip:	JACKSONVILLE, FL 32256 US	
Title:	MGR	( ) Delete
Name:	CASTILLO, RAMON A MD	
Address:	8447 STABLES ROAD	
City-St-Zip:	JACKSONVILLE, FL 32256 US	
Title:	MGR	( ) Delete
Name:	DEL VALLE, GERARDO O MD	
Address:	8447 STABLES ROAD	
City-St-Zip:	JACKSONVILLE, FL 32256	
Title:	MGR	( ) Delete
Name:	IZQUIERDO, LUIS A MD	
Address:	8447 STABLES ROAD	
City-St-Zip:	JACKSONVILLE, FL 32256	

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:	
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: FRANCISCO L. GAUDIER, MD MGR 04/09/2009

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