

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037497

FILED
Aug 02, 2005
Secretary of State

Entity Name: GP ASSET MANAGEMENT, LLC

Current Principal Place of Business:

2101 W. COMMERCIAL BLVD., STE. 3500
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

19355 NE 36TH CT
TSE
AVENTURA, FL 33180

Current Mailing Address:

2101 W. COMMERCIAL BLVD., STE. 3500
FORT LAUDERDALE, FL 33309

New Mailing Address:

P.O. BOX 1977
HALLANDALE, FL 33008

FEI Number: 20-0545787 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KONIG, MARCOS
2101 W. COMMERCIAL BLVD., STE. 3500
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

KONIG, SALOMON
19355 NE 36TH CT
TSE
AVENTURA, FL 33180 US

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: SALOMON KONIG

08/02/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KONIG, MARCOS
Address: 2101 W COMMERCIAL BLVD SUITE 350
City-St-Zip: FT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KONIG, SALOMON
Address: P.O. BOX 1977
City-St-Zip: HALLANDALE, FL 33008

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SALOMON KONIG

MGR

08/02/2005

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