
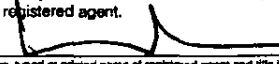
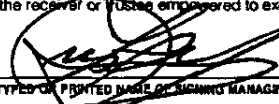


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/1

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90283 018 \*\*\*\*50.00

<b>DOCUMENT # L03000054278</b>																	
<b>1. Entity Name</b> GAMON INVESTMENT, LC																	
<b>Principal Place of Business</b> 80 SW 8TH STREET 3100 MIAMI, FL 33130			<b>Mailing Address</b> 80 SW 8TH STREET 3100 MIAMI, FL 33130														
<b>2. Principal Place of Business</b> Suite, Apt. #, etc.			<b>3. Mailing Address</b> Suite, Apt. #, etc.														
<b>City &amp; State</b>			<b>City &amp; State</b>														
<b>Zip</b>		<b>Country</b>		<b>Zip</b>													
<b>Country</b>		<b>4. FEI Number</b>															
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$5.00 Additional Fee Required															
<b>6. Name and Address of Current Registered Agent</b>																	
BEFELER, GEORGE 80 SW 8TH STREET 3100 MIAMI, FL 33130																	
<b>7. Name and Address of New Registered Agent</b>																	
Name																	
Street Address (P.O. Box Number is Not Acceptable)																	
City																	
State <b>FL</b> Zip Code																	
<b>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.</b>																	
SIGNATURE  DATE <b>3/21/04</b>																	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																	
Filing Fee is \$50.00 Due by May 1, 2004																	
Make check payable to Florida Department of State																	
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<b>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.</b>																	
SIGNATURE:  <b>LUIS GADALA MARIA</b> <b>MAR-31/04 (305) 888-4887</b>																	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																	

**34004554**



03012004 Chg-LLC CR2E083 (10/03)

☒ Applied For  
☐ Not Applicable

☐ \$5.00 Additional Fee Required

**FL** Zip Code

**3/21/04**

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

**Make check payable to  
Florida Department of State**

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**SIGNATURE:**

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Date

Daytime Phone #