

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002168

FILED
Jan 24, 2008
Secretary of State

Entity Name: GAM INVESTMENTS INTERNATIONAL, LLC

Current Principal Place of Business:

6941 SW 196 AV
BERGERON PLAZA, SUITE 13
PEMBROKE PINES, FL 33332

New Principal Place of Business:

Current Mailing Address:

4334 MAHOGANY RIDGE DR
WESTON, FL 33331

New Mailing Address:

FEI Number: 20-0572118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ILEANA ARIAS TOVAR, ESQ
ARIAS TOVAR & ASSOC, P.A.
WESTON TOWN CTR, 1725 MAIN ST, STE 209
WESTON, FL 33326 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: ARAUJO, GLORIELA
Address: 4334 MAHOGANY RIDGE DR
City-St-Zip: WESTON, FL 33331

Title: MGR () Delete
Name: PRADAS, AMAURY
Address: 4334 MAHOGANY RIDGE DR
City-St-Zip: WESTON, FL 33331

Title: MGR () Delete
Name: PRADAS, TOMAS
Address: 4334 MAHOGANY RIDGE DR
City-St-Zip: WESTON, FL 33331

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:

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: GLORIELA ARAUJO

MRS

01/24/2008

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