

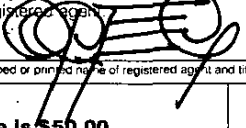
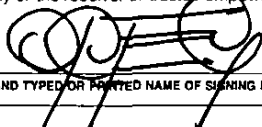


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90291 001 \*\*\*\*55.00

<b>DOCUMENT # L04000006234</b> 1. Entity Name <b>GPK INVESTMENT, LLC</b>					
Principal Place of Business <b>1835 MAIN ST, STE 101 WESTON, FL 33326</b>				Mailing Address <b>1835 MAIN ST, STE 101 WESTON, FL 33326</b>	
2. Principal Place of Business <b>1290 Weston Rd</b>		3. Mailing Address <b>1290 Weston Rd</b>		  03172005    Chg-LLC    CR2E083 (10/03)	
Suite, Apt. #, etc. <b>STE 214</b>		Suite, Apt. #, etc. <b>STE 214</b>			
City & State <b>Weston, FL</b>		City & State <b>Weston, FL</b>			
Zip                      Country <b>33326                      USA</b>		Zip                      Country <b>33326                      USA</b>			
4. FEI Number <b>90064829</b>				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				6. Name and Address of Current Registered Agent  <b>URQUIOLA, JOAQUIN R GOLDSTEIN SCHECHTER PRICE, ET AL 2121 PONCE DE LEON BLVD, STE 1100 CORAL GABLES, FL 33134</b>	
7. Name and Address of New Registered Agent Name <b>Manuel M. Guevara</b> Street Address (P.O. Box Number is Not Acceptable) <b>1290 Weston Rd</b> <b>Apt 214</b> City <b>Weston</b> <b>FL</b> Zip Code <b>33326</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.	
SIGNATURE  <b>MANUEL M. GUEVARA</b> <b>3/25/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE				Filing Fee is \$50.00 Due by May 1, 2005	
Make check payable to Florida Department of State				9. MANAGING MEMBERS/MANAGERS	
TITLE <b>MANAGER</b> <input type="checkbox"/> Delete NAME <b>MANUEL M. GUEVARA</b> STREET ADDRESS CITY-ST-ZIP		10. ADDITIONS/CHANGES TITLE <b>MANAGER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME <b>MANUEL M. GUEVARA</b> STREET ADDRESS <b>1290 Weston Rd, STE 214</b> CITY-ST-ZIP <b>Weston, FL 33326</b>			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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.					
SIGNATURE:  <b>MANUEL M. GUEVARA</b> <b>3/25/05</b> <b>954-217-7590</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					