


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90048 010 ****50.00

DOCUMENT # L04000013353

1. Entity Name
GA-PU INVESTMENTS L.C.



Principal Place of Business Mailing Address

~~21200 POINT PLACE, UNIT 1803~~ ~~21200 POINT PLACE, UNIT 1803~~
~~AVENTURA, FL 33180~~ ~~AVENTURA, FL 33180~~

20028641



2. Principal Place of Business 3. Mailing Address

21050 N E 38TH AVENUE 782 NW 42ND AVENUE

Suite, Apt. #, etc. Suite, Apt. #, etc.

#2506 430

City & State City & State

AVENTURA FL MIAMI FL

Zip Country Zip Country

33180 USA 33126 USA

01282005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

WASERSTEIN, RICHARD
1124 KANE CONCOURSE
BAY HARBOR ISLANDS, FL 33154

4. FEI Number Applied For

02-0717006 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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 _____ DATE _____

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLFF, ROBERTO L 21200 POINT PLACE, UNIT 1803 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 21050 N E 38TH AVENUE #2506 AVENTURA FL, 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLFF, BEATRIZ 21200 POINT PLACE, UNIT 1803 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 21050 N E 38TH AVENUE #2506 AVENTURA FL, 33180
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert Wolff Date: 4/8/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #