


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**May 03, 2006 08:00 AM
Secretary of State**

| | |
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| DOCUMENT # L04000018426 1. Entity Name GSM ASSOCIATES, LLC |  |
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| Principal Place of Business 5310 WINDWARD WAY NEW PORT RICHEY, FL 34652 US | Mailing Address 5310 WINDWARD WAY NEW PORT RICHEY, FL 34652 US |
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04302006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 27-0082570 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 |
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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.

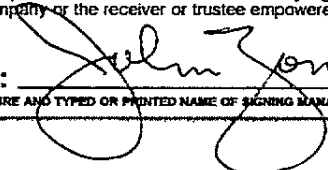
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ZORN, JOHN 5310 WINDWARD WAY NEW PORT RICHEY, FL 34652 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BOEHM, DAVID P.O. BOX 101 BLUFFTON, OH 45817 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JENSEN, BILL P.O. BOX 51 SUMMERLAND, BC V0H IZ0 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ROSTRIM, DAVID 11285 LIME KILN RD GRASS VALLEY, CA 95949 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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| <p>U00000562484 05/19/06-80055-024 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **JOHN ZORN-MGRM 4-30-06 727-841-8037**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #