

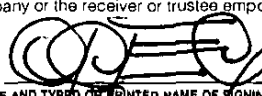


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-28-2005 90291 005 \*\*\*\*55.00

<b>DOCUMENT # L04000024689</b>					
<b>1. Entity Name</b> GKMM 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 Suite, Apt. #, etc. Ste 214 City & State Weston, FL Zip 33326 Country USA		<b>3. Mailing Address</b> 1290 Weston Rd Suite, Apt. #, etc. Ste 214 City & State Weston, FL Zip 33326 Country USA			
03172005    Chg-LLC    CR2E083 (10/03)				<b>4. FEI Number</b> 20-0993011	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<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</b> Name <u>MANUEL M. Guevara</u> Street Address (P.O. Box Number is Not Acceptable) 1290 Weston Rd Suite 214 City <u>Weston</u> <u>FL</u> Zip Code <u>33326</u>		
<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 <u>MANUEL M. Guevara</u> 3/25/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FELCE, GUILLERMO K 1835 MAIN ST, STE 101 WESTON, FL 33326	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1290 Weston Rd, Ste 214 Weston, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARIA DEL MAR DIAZ RONDA 1835 MAIN ST, STE 101 WESTON, FL 33326	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1290 Weston Rd, Ste 214 Weston, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<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>					
<b>SIGNATURE:</b> 		MANUEL M. Guevara    3/25/05    954-217-7590			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	