

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000069318

1. Entity Name  
GAMMA CAPITAL LLC



Principal Place of Business  
292 NW BROKEN OAK TRAIL  
JENSEN BEACH, FL 34957 US

Mailing Address  
292 NW BROKEN OAK TRAIL  
JENSEN BEACH, FL 34957 US

000000505536  
04/26/06-80121-010 50.00



**DO NOT WRITE IN THIS SPACE**

04022008 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
20-1750890

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LEGAL ZOOM NEVADA, INC.  
44 W. FLAGLER ST.  
SUITE 675  
MIAMI, FL 33130

**DO NOT WRITE  
IN THIS SPACE**

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  
CHALUPA, KAREL V  
292 NW BROKEN OAK TRAIL  
JENSEN BEACH, FL 34957

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
CHALUPA, WENDY J  
292 NW BROKEN OAK TRAIL  
JENSEN BEACH, FL 34957

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:

*K V Chalupa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-10-06

772-232-9970

Date

Telephone