## May 03, 2006 8:00 am Secretary of State 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT DOCUMENT # L04000069750** 05-03-2006 90030 001 \*\*\*\*50.00 1. Entity Name GDP INVESTMENTS, LLC Principal Place of Business Mailing Address **60033400** 1221 E. ROBINSON ST. 1221 E. ROBINSON ST. ORLANDO, FL 32801 ORLANDO, FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242006 CR2E083 (11/05) Chg-LLC City & State City & State 4. FEI Number Applied For 20-1679181 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FONG, DAVID Street Address (P.O. Box Number is Not Acceptable) 1221 E. ROBINSON ST. ORLANDO, FL 32801 City Zip Code 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, 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 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE ☐ Change Addition FONG, DAVID NAME NAME 1221 E. ROBINSON ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP MGRM ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME FONG, GEORGE NAME STREET ADDRESS 1221 E. ROBINSON ST. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32801 CITY-ST-ZIP ☐ Delete TITI F TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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.

CITY-ST-ZIP

SIGNATURE:

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