

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90310 014 ****50.00

60048637



04172007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L04000069750 1. Entity Name GDP INVESTMENTS, LLC			
Principal Place of Business 1221 E. ROBINSON ST. ORLANDO, FL 32801		Mailing Address 1221 E. ROBINSON ST. ORLANDO, FL 32801	
2. Principal Place of Business - No P.O. Box # 105 East SR 434 Suite, Apt. #, etc.		3. Mailing Address 105 East SR 434 Suite, Apt. #, etc.	
City & State Winter Springs FL Zip 32708 Country USA		City & State Winter Springs FL Zip 32708 Country USA	
4. FEI Number 20-1679181		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent FONG, DAVID 1221 E. ROBINSON ST. ORLANDO, FL 32801	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 105 East SR 434 City Winter Springs FL Zip Code 32708		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FONG, DAVID 1221 E. ROBINSON ST. ORLANDO, FL 32801	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 105 East SR 434 Winter Springs FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FONG, GEORGE 1221 E. ROBINSON ST. ORLANDO, FL 32801	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 105 East SR 434 Winter Springs FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>DAVID FONG</u> 4/26/07 407-706-1378 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			