

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90027 009 \*\*\*\*50.00

**60032542**



<b>DOCUMENT # L04000086390</b> 1. Entity Name <b>GIPA INVESTMENTS LLC</b>					
Principal Place of Business <b>7955 NW 12 STREET, SUITE 400 MIAMI, FL 33126</b>			Mailing Address <b>7955 NW 12 STREET, SUITE 400 MIAMI, FL 33126</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address <b>520 Brickell Key Drive</b> Suite, Apt. #, etc. <b>Suite 0-305</b> City & State <b>Miami, FL</b> Zip      Country <b>33131      USA</b>			
4. FEI Number <b>03152007</b> Chg-LLC      CR2E083 (12/06) <b>APPLIED FOR</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			6. Name and Address of Current Registered Agent <b>CHAPONICK, EVELYN 7955 NW 12 STREET, SUITE 400 MIAMI, FL 33126</b>		
7. Name and Address of New Registered Agent Name <b>Transglobal Corporate Administration, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>520 Brickell Key Drive, Suite 0-305</b> City      State      Zip Code <b>Miami      FL      33131</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. SIGNATURE: <u><i>Marco Rojas</i></u> DATE: <u>3-21-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
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 PABLO ERNESTO TORRES 7955 NW 12 STREET, SUITE 400 MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORRES, GINETH 7955 NW 12 STREET, SUITE 400 MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORRES, GINETH 7955 NW 12 STREET, SUITE 400 MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORRES, GINETH 7955 NW 12 STREET, SUITE 400 MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORRES, GINETH 7955 NW 12 STREET, SUITE 400 MIAMI, FL 33126	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORRES, GINETH 7955 NW 12 STREET, SUITE 400 MIAMI, FL 33126	<input type="checkbox"/> Delete			
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><i>Pablo E. Torres</i></u> Date: <u>03/22/07</u> Daytime Phone #: <u>305-374-3000</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					