

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009249

Entity Name: GAMA INVEST, LLC

FILED  
Feb 11, 2009  
Secretary of State

## Current Principal Place of Business:

3326 LAKESIDE DR  
DAVIE, FL 33328

## New Principal Place of Business:

## Current Mailing Address:

3326 LAKESIDE DR  
DAVIE, FL 33328

## New Mailing Address:

1825 MAIN STREET  
WESTON, FL 33326

FEI Number: 20-3795651

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TOTALCORP BUSINESS CONSULTANTS  
1820 NORTH CORPORATE LAKES BLVD.  
SUITE 206-8  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

TOTALCORP BUSINESS CONSULTANTS  
1825 MAIN STREET  
WESTON, FL 33326 US

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.

SIGNATURE: CARMEN M HERNANDEZ

02/11/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BOSCAN, NELSON R  
Address: 3326 LAKESIDE DR  
City-St-Zip: DAVIE, FL 33328 US

Title: M ( ) Delete  
Name: GONZALEZ, TUL  
Address: 3326 LAKESIDE DR  
City-St-Zip: DAVIE, FL 33328 US

Title: MGR ( ) Delete  
Name: BOSCAN, MARLY V  
Address: 3326 LAKESIDE DR  
City-St-Zip: DAVIE, FL 33328 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: GONZALEZ, TUL  
Address: 3326 LAKESIDE DR  
City-St-Zip: DAVIE, FL 33328 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NELSON R BOSCAN

MGRM

02/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date