## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

|  | ANNUAL  | . REPORT  |   |  |                            | SECRETAR                                   | ILED_                                 |                   |
|--|---|---|---|--|----------------------------|--|---------------------------------------|-------------------|
| DOCUMENT # L05000027821  |   |   |   |  |                            | DIVISION OF                                | ILED<br>RY OF STATE<br>CORPORATION    | c                 |
| 1. Entity Name<br>GAMMA, LLC   |   |   |   |  |                            | 06 MAY _ 1                                 | AM 9: 14                              | 3                 |
| l  |   |   |   |  |                            | ,  | HU 7: 14                              |                   |
| Principal Place  |   | Mailing Address   |   |  |                            |  |                                       |                   |
| 3740 BEACH BOULEVARD, SUITE 300 JACKSONVILLE, FL 32207   |   | 3740 BEACH BOULEVARD, SUITE 300<br>JACKSONVILLE, FL 32207 |   | W/   |                            |  |                                       |                   |
|  |   |   |   |  |                            | II <b>i s</b> ili orre dire i i i i i orre | 1 <b>81</b> 111 1121 1162 1111 1112 1 |                   |
| 2. Principal Place of Business   |   | 3. Mailing Address  |   | A IIIII  |                            |  |                                       |                   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.                                       |   | 02212006   | Chg-LLC                    | CR2E083 (11/05)                            | )                                     |                   |
| City & State   |   | City & State  |   | 4. FEI Numt  | per                        | <b></b>                                    | pplied For                            |                   |
| Zip  | Country   | Zip   | Country 5.  |  | 5. Certificat              | of Status Desired                          | □ \$5.00 Ad                           |                   |
|  | 6. Name and Address of Current  | Registered Agent  | <u> </u>  |  |                            | d Address of New R                         | Fee Require                           | ed                |
| DEMETRE  | E, J.C. JR.   |   |   | Name   |                            |  |                                       |                   |
| 3740 BEAC  | CH BOULEVARD, SUITE 300<br>VILLE, FL 32207  |   |   | Street Add   | dress (P.O. Box Numl       | per is Not Acceptable                      | )                                     |                   |
|  |   |   |   | City   |                            |  | E1 Zip Coo                            | ne e              |
| 8. The above   | named entity submits this statement for   | or the purpose of changing its                            | registere   | •  | egistered agent, or b      | oth, in the State of Flo                   | FL   '                                |                   |
| the obligati   | ons of registered agent.  |   | · · · · · · · · · · · · · · · · · · ·   | 00 011100 01 10  | oglotorou ugorit, or o     | San, ar mis sizate or rie                  | NOO. TON TONING WILL                  | , and accept      |
| SIGNATURE .  | Signature, typed or printed name of registered agent  | and title if applicable. (NOT                             | E: Registere  | d Agent signature  | required when reinstating) |  | DATE                                  |                   |
| F:   | lles Foo in \$50.00   |   | •   |  | -                          | Mak  | e check payable to                    |                   |
|  | ling Fee is \$50.00<br>ue by May 1, 2006  |   |   |  |                            |  | Department of Sta                     | te                |
| 9.   | MANAGING MEMBI  | ERS/MANAGERS  | 10.   | <u> </u>   |                            | ADDITIONS/                                 | CHANGES                               |                   |
| TITLE<br>NAME  |   | ☐ Delete  | TITLE   |  | MGR                        | J.C. 3                                     | ☐ Change                              | Addition          |
| STREET ADORESS<br>City-St-Zip  |   |   |   | ET ADDRESS<br>-ST-ZIP  | 3740 81                    | ach BI                                     | Tr<br>vd, Suite                       | 300               |
| TITLE  |   | □ Delete  | TITLE   | 3, 2,  | Jackson                    | vilk, h                                    | <u> </u>                              | Addition          |
| NAME<br>STREET ADDRESS   |   |   | NAMI  | 1  | 51                         | 000741                                     | 50076<br>004 **200                    | -                 |
| CITY-ST-ZIP  |   |   |   | ET ADDRESS<br>-ST-ZIP  | 05./0!<br>                 | 3/0501016                                  | 004 **200<br>-                        | . 00              |
| TITLE<br>NAME  |   | ☐ Delete  | TITLE   | 1  |                            |  | ☐ Change                              | Addition          |
| STREET ADDRESS   |   |   | STRE  | et address   |                            |  |                                       |                   |
| CITY-ST-ZIP  |   |   | CITY  | -ST-ZIP  |                            |  |                                       |                   |
|  |   | □ Delete  | TITLE   |  |                            |  | Chanco                                | Addition          |
| NAME   |   | ☐ Delete  | TITLE   | E  |                            |  | Change                                | ☐ Addition        |
|  |   | ☐ Delete  | NAM!<br>STRE  | :  |                            |  | ☐ Change                              | ☐ Addition        |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE  |   | ☐ Delete  | NAMI<br>STRE<br>CITY<br>TITLE   | E<br>ET ADDRESS<br>- ST - ZIP  |                            |  | ☐ Change                              | Addition          |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |   | NAMI<br>STRE<br>CITY<br>TITLE<br>NAME   | E<br>ET ADDRESS<br>- ST - ZIP  |                            |  |                                       |                   |
| NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP  |   | ☐ Delete  | NAME<br>STRE<br>CITY<br>TITLE<br>NAME<br>STRE<br>CITY   | E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP ST-ZIP   |                            |  | ☐ Change                              | ☐ Addition        |
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