


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90023 018 \*\*\*138.75

<b>DOCUMENT # L05000027821</b> 1. Entity Name <b>GAMMA, LLC</b>					
Principal Place of Business <b>3740 BEACH BOULEVARD, SUITE 300 JACKSONVILLE, FL 32207</b>			Mailing Address <b>3740 BEACH BOULEVARD, SUITE 300 JACKSONVILLE, FL 32207</b>		
2. Principal Place of Business - No P.O. Box # <b>1551 Atlantic Blvd.</b>		3. Mailing Address <b>P.O. Box 47050</b>			
Suite, Apt. #, etc. <b>Suite 300</b>		Suite, Apt. #, etc.			
City & State <b>Jacksonville, FL</b>		City & State <b>Jacksonville, FL</b>		4. FEI Number <b>20-5570362</b>	
Zip <b>32207</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip <b>32207</b>		Country <b>32247-7050</b>		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DEMETREE, J.C. JR. 3740 BEACH BOULEVARD, SUITE 300 JACKSONVILLE, FL 32207</b>			7. Name and Address of New Registered Agent Name <b>Demetree, J. C. Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1551 Atlantic Blvd., Suite 300</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32207</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>J.C. Demetree Jr.</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE <b>4/23/08</b>	
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DEMETREE, J C JR 3740 BEACH BLVD SUITE 300 JACKSONVILLE, FL 32207	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Demetree, J. C. Jr. 1551 Atlantic Blvd, Suite 300 Jacksonville, FL 32207
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
SIGNATURE: <u><i>J.C. Demetree Jr.</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>4/28/08</b> Daytime Phone # <b>904 398 7350</b>	

**50005283**



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