

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000030737

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** GMK HOLDINGS, LLC

**Current Principal Place of Business:**

4950 SOUTH LEJEUNE ROAD  
SUITE F  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

**Current Mailing Address:**

4950 SOUTH LEJEUNE ROAD  
F  
CORAL GABLES, FL 33146

**New Mailing Address:**

4950 SOUTH LEJEUNE ROAD  
SUITE F  
CORAL GABLES, FL 33146 US

**FEI Number:** 20-2600795

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KRAMER, GARY M MD  
4950 SOUTH LE JEUNE ROAD  
SUITE F  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** KRAMER, GARY M M.D.  
**Address:** 4950 SOUTH LEJEUNE ROAD, SUITE F  
**City-St-Zip:** CORAL GABLES, FL 33146 US

I hereby 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:** GARY M. KRAMER MD

MGR

04/29/2011

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