## 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## **DOCUMENT #L05000050168** FILED GAA HOLDINGS, LLC 07 JUN 13 AM 9: 42 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 7300 BISCAYNE BLVD. 7300 BISCAYNE BLVD. SUITE 304 SUITE 304 MIAMI, FL 33138 MIAMI, FL 33138 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05252007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. EEI Number 20-4308678 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TEMPKINS, ALAN **420 LINCOLN ROAD** Street Address (P.O. Box Number is Not Acceptable) SUITE 244 MIAMI BEACH, FL 33139 City Zip Code FL 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 Signature, typed or printed name of registered agent and title 6 applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Amended AR is \$50,00 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGRM MGIN Change Addition TITLE Delete CHILISTOPHER TAVI Blud, Soute NAME ACASO, ALEJANDRO NAME STREET ADDRESS 7300 BISCAYNE BLVD., SUITE 304 STREET ADDRESS 33138 CITY-ST-ZIP MIAMI, FL 33138 CITY-ST-ZIP MIAMI, FL TITLE ☐ Change ☐ Delete TITLE Addition NAME NAME 500104677495 06/21/07--01051--023 \*\*\*50.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete THILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - 7/P TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-7IB TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CU .:- ST- ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is the 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 execute this report as required by Chapter 608, Florida Statutes. CHROGATER

E AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE