

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051221

FILED  
May 14, 2007  
Secretary of State

**Entity Name:** G-A INVESTMENTS GROUP LLC

**Current Principal Place of Business:**

200 LESLIE DRIVE  
214  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

200 LESLIE DRIVE  
214  
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number:** 51-0543940      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

GOMEZ, LUIS F  
200 LESLIE DRIVE  
214  
HALLANDALE, FL 33009 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      ( ) Delete  
Name: GOMEZ, LUIS F  
Address: 200 LESLIE DRIVE # 214  
City-St-Zip: HALLANDALE, FL 33009

Title: MGR      ( ) Delete  
Name: ARROYAVE, SANDRA M  
Address: 200 LESLIE DRIVE # 214  
City-St-Zip: HALLANDALE, FL 33009

**ADDITIONS/CHANGES:**

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

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: LUIS F GOMEZ

MR

05/14/2007

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