


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90019 047 ***138.75

| | | | | | |
|--|---|---|--|---|---|
| DOCUMENT # L05000074073 1. Entity Name G G A INVESTMENTS L.L.C. | | | |  | |
| Principal Place of Business 13615 S. DIXIE HWY SUITE 117 MIAMI, FL 33176 | | | Mailing Address 13615 S. DIXIE HWY SUITE 117 MIAMI, FL 33176 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 20-3229229 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired... <input type="checkbox"/> \$5.00 Additional Fee Required | | | | 04172008 Chg-LLC CR2E083 (12/06) | |
| 6. Name and Address of Current Registered Agent CORONADO, NESTOR 7360 CORAL WAY, STE. 21 MIAMI, FL 33155 | | | 7. Name and Address of New Registered Agent N. GLORIA FERNANDEZ DE LARA Street Address (P.O. Box Number is Not Acceptable) 13615 S. Dixie Hwy, suite 117 City Miami FL Zip Code 33176 | | |
| 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 X GLORIA FERNANDEZ DE LARA DATE 4/21/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GUZMAN, ISRAEL 13615 S. DIXIE HWY SUITE 117 MIAMI, FL 33176 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR GARAVANO, MAURICIO 13615 S. DIXIE HWY SUITE 117 MIAMI, FL 33176 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR FERNANDEZ DE LARA, GLORIA 13615 S. DIXIE HWY SUITE 117 MIAMI, FL 33176 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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: X <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |
| Date Daytime Phone # | | | | | |

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