

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079391

Entity Name: GFI GROUP LLC

FILED
Jun 10, 2009
Secretary of State

Current Principal Place of Business:

7500 NW 54 STREET
MIAMI, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

7500 NW 54 STREET
MIAMI, FL 33166 US

New Mailing Address:

1925 BRICKELL AVENUE
SUITE D-205
MIAMI, FL 33129 US

FEI Number: 04-3825105 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:

RUIZ, LUIS A
2775 NE 187 STREET
603
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

CHOI & MENEZES, LLP
1925 BRICKELL AVENUE
SUITE D-205
MIAMI, FL 33129 US

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: IL YOUNG CHOI

06/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RUIZ, LUIS A
Address: 2775 NE 187 AVE # 603
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: RUIZ, EDUARDO
Address: 1275 NW 140 TERRACE
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PREMIUM MEDICAL GROUP, INC
Address: 7500 NW 54 ST
City-St-Zip: MIAMI, FL 33166

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: JORGE CORVAIA

MGR

06/10/2009

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