

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000079391

Entity Name: GFI GROUP LLC

FILED  
May 13, 2010  
Secretary of State

**Current Principal Place of Business:**

7500 NW 54 STREET  
MIAMI, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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:**

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

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

Title: MGR  
Name: CORVAIA, IVETT  
Address: 20201 E COUNTRY CLUB DRIVE APT. 2506  
City-St-Zip: AVENTURA, FL 33180

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: IVETT CORVAIA

MGR

05/13/2010

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