


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000083064 1. Entity Name G.A.P. INVESTMENTS I OF FLORIDA, L.L.C.	
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Principal Place of Business 596 HAWTHORNE ROAD GROSSE POINTE WOODS, MI 48236	Mailing Address 596 HAWTHORNE ROAD GROSSE POINTE WOODS, MI 48236
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**DO NOT WRITE IN THIS SPACE**



01232007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 56-2535211	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

DELANO, G. KRISTIN  
 360 CENTRAL AVE., STE 1560  
 ST. PETERSBURG, FL 33701

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PFLAUM, ANDREW 596 HAWTHORNE ROAD GROSSE POINTE WOODS, MI 48236
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARPIN, PAUL 266 MONTEREY DRIVE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GELLE, JOHN 1320 BERKSHIRE GROSSE POINTE PARK, MI 48230
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 05/02/07-80116-017 50.00

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:**  **4/13/07** **810-343-0700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #