

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084093

Entity Name: GAMMA RE, LLC

FILED
Jan 05, 2006
Secretary of State

Current Principal Place of Business:

21167 FALLS RIDGE WAY
BOCA FALLS ESTATES
BOCA RATON, FL 33428 US

New Principal Place of Business:

Current Mailing Address:

21167 FALLS RIDGE WAY
BOCA FALLS ESTATES
BOCA RATON, FL 33428 US

New Mailing Address:

PO BOX 970003
BOCA RATON, FL 33497 US

FEI Number: 84-1690087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KAFETZIS, MARIO
21167 FALLS RIDGE WAY
BOCA FALLS ESTATES
BOCA RATON, FL 33428 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: MGRM () Delete
Name: KAFETZIS, MARIO
Address: 21167 FALLS RIDGE WAY, BOCA FALLS ESTATES
City-St-Zip: BOCA RATON, FL 33428 US

Title: MGRM () Delete
Name: PAVLATOS, CHRIS
Address: 626 CALEDONIA ROAD
City-St-Zip: DIX HILLS, NY 11746

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 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: MARIO KAFETZIS

MM

01/05/2006

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