

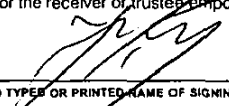


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90242 016 ****50.00

DOCUMENT # L05000089238 1. Entity Name GK VEN INVESTMENTS, L.L.C.			
Principal Place of Business 6800 NW 84TH AVENUE MIAMI, FL 33166 US		Mailing Address 6800 NW 84TH AVENUE MIAMI, FL 33166 US	
2. Principal Place of Business 8170 NW 66 ST.		3. Mailing Address 8170 NW 66 ST.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL.		City & State MIAMI FL.	
Zip 33166		Country USA	
4. FEI Number 20-3610591		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MARRERO, JOSE C 1820 NORTH CORPORATE LAKES BLVD SUITE # 105 WESTON, FL 33326		7. Name and Address of New Registered Agent Name: GEORGES KHAWAIN Street Address (P.O. Box Number is Not Acceptable): 6800 NW 84TH AVE City: MIAMI FL Zip Code: 33166	
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:  (NOTE: Registered Agent signature required when reinstating) DATE:			
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KHAWAIN, GEORGES 6800 NW 84TH AVENUE MIAMI, FL 33166 <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	MGRM KHAWAIN, MINERVA 6800 NW 84TH AVENUE MIAMI, FL 33166 <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	MGRM KHAWAIN, JOSE D 6800 NW 84TH AVENUE MIAMI, FL 33166 <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	MGRM KHAWAIN, YAMIL 6800 NW 84TH AVENUE MIAMI, FL 33166 <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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date: 05-10-06 Daytime Phone #: 78634163388	