

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

03-23-2006 90259 043 ****50.00

DOCUMENT # L05000091773																																													
1. Entity Name GAP INVESTMENTS, LLC																																													
Principal Place of Business 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312			Mailing Address 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312																																										
2. Principal Place of Business			3. Mailing Address																																										
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																										
City & State			City & State																																										
Zip		Country		Zip																																									
Country		4. FEI Number 20-366 8075																																											
5. Certificate of Status Desired ☐				Applied For Not Applicable																																									
6. Name and Address of Current Registered Agent POLIAKOFF, GARY A 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312																																													
7. Name and Address of New Registered Agent																																													
Name																																													
Street Address (P.O. Box Number is Not Acceptable)																																													
City																																													
State FL Zip Code																																													
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 renouncing)																																													
Signature, typed or printed name of registered agent and title if applicable.																																													
DATE																																													
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State																																										
9. MANAGING MEMBERS/MANAGERS																																													
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10. ADDITIONS/CHANGES																																													
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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 609, Florida Statutes.																																													
SIGNATURE: GARY A. POLIAKOFF 3/16/07 (954) 987-7550																																													
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																													