## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L05000091773** 

1. Entity Name
GAP INVESTMENTS, LLC



FILED Feb 19, 2007 08:00 AM Secretary of State

Principal Place of Business

3111 STIRLING ROAD FORT LAUDERDALE, FL 33312 Mailing Address

3111 STIRLING ROAD FORT LAUDERDALE, FL 33312



DO NOT WRITE IN THIS SPACE

01282007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3668075

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

MANAGING MEMBERS/MANAGERS

POLIAKOFF, GARY A 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312

## 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 the obligations of registered agent.	. I am familiar with, and accep
SIGNATURE	

(NOTE: Registered Agent signature required when reinstating)

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

9.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLIAKORF, GARY A 3111 STIRLING RD FORT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS GITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
CITY-ST-ZIP	certify that the information supplied with this filing does not qualify for the e

U00000641594 03/01/07-80006-003 50.00

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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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING NEMBER, OR AUTHORIZED REPRESENTATIVE

3/15/07

Daytime Phone #