2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L05000103880

APPROVEL AND FILED

06 MAY 15 AM 8: 18

GULF CAPITAL MANAGEMENT, LLC Champy to MDA CAPITAL MANAGEMENT, LLC Biograph Bloom of Rusiness Mailing Address March 24 - 2426					SECRETARY OF STATE TALLAHASSEF, FLORIDA			
3300 UNIVE	e of Business RSITY DRIVE, STE 311 INGS FL 33065	Mailing Address Manch 20 - 2006 3300 UNIVERSITY DRIVE, STE 311 CORAL SPRINGS FL 33065						
			3003					
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt.		Suite, Apt. #, etc.			1st MOORE	CR2E083	(10/05)	
'City & State	е	City & State		4. FEI Number			plied For t Applicable	
Zip	Country	Country Zip Cou		try	5. Certificate of Status Desired	, <u> </u>	\$5.00 Addi	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
				Name				
330	EL, ODED 0 UNIVERSITY DRIVE, STE 3 RAL SPRINGS FL 33065	311	<u>.</u>		(P.O. Box Number is Not Accepta	ible)		
30.	5 12 G. F. H. 14 G. F. 2 G. G. G. F. 16			City	***************************************	FL	Zip Code	•
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or register	red agent, or both, in the State of	Florida. I am	familiar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title il applicable. (NOT	E: Registere	d Agent signature requires	d when reinstating)	DATE		
<i>,</i> †		FILE N	ווווואר	FEE IS \$50.00	ent (Company)			
3		Make Check Payab	le to Fl	alternative transfer of the second second	int of State			
9.	MANAGING MEMBE	RS/MANAGERS	10.	CHAIR CHARLESTANDARD	ADDITION	NS/CHANGES		
TITLE	MGR	☐ Delete	TITU				☐ Change	Addition
NAME	AVIEL, ODED		NAM	E	1000756 06/02/0601010	3 6 19:	21	
STREET ADDRESS	3300 UNIVERSITY DRIVE, STE 311			ET ADDRESS	U6/U2/0601010)008 :	**600.00	ţ
CITY-ST-ZIP	CORAL SPRINGS FL 33065	2 30000		-ST-ZiP				
TITLE	MGR	Delete	TITLE	į.			Change	Addition
NAME STREET ADDRESS	PITTSBURGH, JEFFREY 3300 UNIVERSITY DRIVE, STE 311		MAM STRE	ET ADDRESS				
CITY-ST-ZIP	CORAL SPRINGS FL 33065			-ST-ZIP				
TITLE NAME		☐ Delete	TITL	·			☐ Change	Addition
STREET ADDRESS			STRI	ET ADDRESS	· · · · · · · · · · · · · · · · · · ·			
CITY-\$T-ZIP			CITY	-ST-ZIP				
TITLE		☐ Defete	TITL	E .			☐ Change	☐ Addition
NAME			NAM	i i				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
TITLE		☐ Delete	mu	E		•	☐ Change	Addition
NAME			NAM	E				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			CITY	-ST-ZIP				
TITLE		☐ Delete	TITL	I			Change	☐ Addition
NAME STREET ADDRESS			NAM STRI	ET ADDRESS				

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Apr 17-2006 (310) 358-201 d
Dayline Phone # 5123