

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107503

FILED
May 02, 2007
Secretary of State

Entity Name: GPR, LLC

Current Principal Place of Business:

550 BILTMORE WAY STE 700
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

21601 SW 154 AVE
MIAMI, FL 33170

New Mailing Address:

FEI Number: 20-1476240 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

POLLER, NEALE J
550 BILTMORE WAY STE 700
CORAL GABLES, FL 33134 US

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: HUBLEY, GROVER
Address: 21601 SW 154 AVENUE
City-St-Zip: MIAMI, FL 33170

Title: MGRM () Delete
Name: DUARTE, PETER
Address: 21601 SW 154 AVENUE
City-St-Zip: MIAMI, FL 33170

Title: MGRM () Delete
Name: VINA, ROBERTO
Address: 21601 SW 154 AVENUE
City-St-Zip: MIAMI, FL 33170

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: PETER DUARTE

MGRM

05/02/2007

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