

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020444

**FILED**  
**Mar 13, 2009**  
**Secretary of State**

**Entity Name:** GAOSDALI 18, L.L.C.

**Current Principal Place of Business:**

8360 WEST FLAGLER STREET, SUITE #200  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

8360 WEST FLAGLER STREET, SUITE #200  
MIAMI, FL 33144

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLIWKOWICZ, LEON  
8360 WEST FLAGLER STREET, SUITE #200  
MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

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: OLIWKOWICZ, LEON  
Address: 8360 WEST FLAGLER STREET, SUITE #200  
City-St-Zip: MIAMI, FL 33144

**ADDITIONS/CHANGES:**

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: LEON OLIWKOWICZ

MGRM

03/13/2009

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