

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081449

Entity Name: GAMA, L.L.C.

FILED  
Apr 30, 2007  
Secretary of State

**Current Principal Place of Business:**

5299 HAMMOCK DRIVE  
CORAL GABLES, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

5299 HAMMOCK DRIVE  
CORAL GABLES, FL 33156

**New Mailing Address:**

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

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

REICHENBACHER, JEFFREY E  
799 BRICKELL PLAZA STE 700  
MIAMI, FL 33131 US

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

REICHENBACHER, JEFFREY E  
2333 BRICKELL AVE  
MIAMI, FL 33129 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: \_\_\_\_\_ 04/30/2007  
Electronic Signature of Registered Agent                      Date

**MANAGING MEMBERS/MANAGERS:**

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title:                      MR.                      ( ) Change (X) Addition  
Name:                      CORREA, GALO  
Address:                      5299 HAMMOCK DRIVE  
City-St-Zip:                      CORAL GABLES, FL 33156

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: GALO CORREA                      MR.                      04/30/2007  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date