

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087598

Entity Name: GAGA HOLDINGS, LLC

FILED  
Feb 08, 2009  
Secretary of State

**Current Principal Place of Business:**

1602 ALTON ROAD  
UNIT 602  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

1602 ALTON ROAD  
UNIT 602  
MIAMI BEACH, FL 33139

**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:**

THOMAS G. SHERMAN, P.A.  
90 ALMERIA AVENUE  
CORAL GABLES, FL 33134    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:                      M                      ( ) Delete  
Name:                      DAVIS, GREGORY R  
Address:                      1602 ALTON ROAD #602  
City-St-Zip:                      MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

Title:                      MGR                      (X) Change ( ) Addition  
Name:                      DAVIS, GREGORY R  
Address:                      1602 ALTON ROAD #602  
City-St-Zip:                      MIAMI BEACH, FL 33139

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: GREG DAVIS

MD

02/08/2009

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