## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## May 10, 2007 8:00 am Secretary of State **DOCUMENT # L06000088314** 05-10-2007 90422 014 \*\*\*\*50.00 GAI SEMINARS, LLC Principal Place of Business Mailing Address 1914 SW CYCLE ST P.O BOX 7835 **VUUUUUV** 1 PORT ST LUCIE, FL 34985-7835 PORT ST. LUCIE, FL 34953 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05062007 Chg-LLC CR2E083 (12/06) 4. FEI Number 34-2063176 City & State City & State Applied For Not Applicable Zip \$5.00 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GIBBINS, EUGENE R Street Address (P.O. Box Number is Not Acceptable) 1914 SW CYCLE ST PORT ST. LUCIE, FL 34953 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is:\$50.00 Due by September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TILE MGRM □ Detete TITLE ☐ Change ☐ Addition GIBBINS, EUGENE R DR. NAME NAME 1914 SW CYCLE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT ST. LUCIE, FL 34953 CITY-ST-ZIP ☐ Addition TITLE F ☐ Delete TITLE ☐ Channe NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ΠDΕ ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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

5-6-07

FILED