

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000088314

Entity Name: GAI SEMINARS, LLC

**FILED**  
**Apr 20, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1914 SW CYCLE ST  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

631 SE DEGAN DR  
PORT ST. LUCIE, FL 34983

**Current Mailing Address:**

P.O BOX 7835  
PORT ST LUCIE, FL 349857835 US

**New Mailing Address:**

FEI Number: 34-2063176

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GIBBINS, EUGENE R  
1914 SW CYCLE ST  
PORT ST. LUCIE, FL 34953 US

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

GIBBINS, EUGENE R  
631 SE DEGAN DR  
PORT ST. LUCIE, FL 34983 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

04/20/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GIBBINS, EUGENE R DR.  
Address: 631 SE DEGAN DR  
City-St-Zip: PORT ST. LUCIE, FL 34983

I hereby 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: DR EUGENE R GIBBINS

MGRM

04/20/2010

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