

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000112225

Entity Name: GAF, LLC

FILED
Jun 23, 2009
Secretary of State

Current Principal Place of Business:

2600 DOUGLAS ROAD
SUITE 1011
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2600 DOUGLAS ROAD
SUITE 1011
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 26-0247502 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FRIEDMAN, GARY A ESQ.
2600 DOUGLAS ROAD
SUITE 1011
CORAL GABLES, FL 33134 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

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FRIEDMAN, GARY A
Address: 2600 DOUGLAS ROAD, SUITE 1011
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM () Delete
Name: FRIEDMAN, GARY A
Address: 2600 DOUGLAS ROAD, SUITE 1011
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: FRIEDMAN, GARY A
Address: 2600 DOUGLAS ROAD, SUITE 1011
City-St-Zip: CORAL GABLES, FL 33134 US

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: GARY ALAN FRIEDMAN

MRG

06/23/2009

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