## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Jan 14, 2008 8:00 am Secretary of State DOCUMENT #L07000014171 01-14-2008 90045 040 \*\*\*138.75 GSB INVESTMENTS, LLC Principal Place of Business Mailing Address 9360 SUNSET DRIVE, SUITE 245 P.O. BOX 832468 MIAMI, FL 33173 MIAMI, FL 33283-2468 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (12/06) 01072008 Chg-LLC City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GONZALEZ, OTTO A Street Address (P.O. Box Number is Not Acceptable) 9360 SUNSET DRIVE, SUITE 245 MIAMI, FL 33173 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 1 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE □ Delete TITLE Change ☐ Addition GONZALEZ, OTTO A NAME NAME STREET ADDRESS 9360 SUNSET DRIVE, SUITE 245 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME 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 TITLE ☐ Delete TITLE Change ■ Addition NAME NAME

11. I hereby certify that the information supplied with this filing 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 physignature 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 tropped employeered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

**FILED**