2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L07000054081

Entity Name: G.A. MANAGEMENT LLC

Current Principal Place of Business:

10235 W. SAMPLE ROAD
SUITE 205
CORAL SPRINGS, FL 33065

New Principal Place of Business:

1523 PLEASANT HARBOUR WAY
TAMPA, FL 33602

Current Mailing Address:

10235 W. SAMPLE ROAD
SUITE 205
CORAL SPRINGS, FL 33065

New Mailing Address:

1523 PLEASANT HARBOUR WAY
TAMPA, FL 33602

FEI Number: 26-0221315 **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:

BACHELOR, INGRID M
10235 W. SAMPLE ROAD
SUITE 205
CORAL SPRINGS, FL 33065 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: MGR ( ) Delete
Name: ADAMS, GAINES
Address: 10235 W. SAMPLE ROAD
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ADAMS, GAINES
Address: 1523 PLEASANT HARBOUR WAY
City-St-Zip: TAMPA, FL 33602

Title: MGRM ( ) Change (X) Addition
Name: ADAMS, LINDA
Address: P.O. BOX 49397
City-St-Zip: GREENWOD, SC 29649

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: LINDA ADAMS MGRM 05/01/2009

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