

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104782

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: GAMMARAY III, LLC

**Current Principal Place of Business:**

1500 N.W. 10TH AVENUE, SUITE 205  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

1500 N.W. 10TH AVENUE, SUITE 205  
BOCA RATON, FL 33486

**New Mailing Address:**

FEI Number: 26-1301019

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRAGER, MARC M.D.  
1500 N.W. 10TH AVENUE, SUITE 205  
BOCA RATON, FL 33486 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: P ( ) Delete  
Name: FRAGER, MARC  
Address: 17088 NORTHWAY CIRCLE  
City-St-Zip: BOCA RATON, FL 33496

Title: P ( ) Delete  
Name: VINIK, BRYAN  
Address: 19516 SATURNIA LAKES DRIVE  
City-St-Zip: BOCA RATON, FL 33498

Title: P ( ) Delete  
Name: RORIQUEZ, ROLANDO  
Address: 820 SWEET GUM COURT  
City-St-Zip: JUPITER, FL 33458

**ADDITIONS/CHANGES:**

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

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

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

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: MARC FRAGER

P

04/08/2009

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