

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113544

FILED  
Feb 13, 2009  
Secretary of State

Entity Name: GSI GROUP LLC

**Current Principal Place of Business:**

6401 N. FLORIDA AVENUE  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

239 DEER COVE LANE  
LUTZ, FL 33548

**New Mailing Address:**

FEI Number: 26-1346097

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GRAFF, DEBRA B  
239 DEER COVE LANE  
LUTZ, FL 33548 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: MGRM ( ) Delete  
Name: GRAFF, DEBRA B  
Address: 239 DEER COVE LANE  
City-St-Zip: LUTZ, FL 33548

Title: MGRM ( ) Delete  
Name: GRAFF, GORDON H  
Address: 239 DEER COVE LANE  
City-St-Zip: LUTZ, FL 33548

Title: MGRM (X) Delete  
Name: SHAW, KYLE P  
Address: 16308 SWANVIEW CIRCLE  
City-St-Zip: ODESSA, FL 33556

Title: MGRM (X) Delete  
Name: SHAW, SHEA G  
Address: 16308 SWANVIEW CIRCLE  
City-St-Zip: ODESSA, FL 33556

Title: MGRM (X) Delete  
Name: GRAFF, GORDON S  
Address: 239 DEER COVE LANE  
City-St-Zip: LUTZ, FL 33548

**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:

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: DEBRA B. GRAFF

MGRM

02/13/2009

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