

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000071162

Entity Name: GEBO, LLC

FILED  
Jan 20, 2009  
Secretary of State

**Current Principal Place of Business:**

100 NW 170 ST  
302  
NORTH MIAMI BEACH, FL 33169

**New Principal Place of Business:**

**Current Mailing Address:**

100 NW 170 ST  
302  
NORTH MIAMI BEACH, FL 33169

**New Mailing Address:**

FEI Number: 26-3591100

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANTOS STOKES LLP  
800 DOUGLAS RD  
105  
CORAL GABLES, FL 33134 US

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

ABADIN COOK  
9155 SOUTH DADELAND BLVD  
1208  
MIAMI, FL 33156 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: MARCUS BODET

01/20/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MEYER, PAUL  
Address: 100 NW 170 ST STE 302  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: JOSEPH, HODGE  
Address: 100 NW 170 ST STE 302  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

Title: MGRM ( ) Change (X) Addition  
Name: MAURICE, GOZLAN  
Address: 100 NW 170 ST STE 302  
City-St-Zip: NORTH MIAMI BEACH, FL 33169

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: JOSEPH HODGE

MGR

01/20/2009

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