2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L94000000591

1. Entity Name
G.A.E., L.C.

Principal Place of Business	Mailing Address
11380 PROSPERITY FARMS ROAD SUITE 217 PALM BEACH GARDENS, FL 33410	11380 PROSPERITY FARMS ROAD SUITE 217 PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

01072004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
65-0530181	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

THIEMANN, DIETER A
11380 PROSPERITY FARMS RD.
SUITE 217
PALM BEACH GARDENS, FL 33410

DO NOT WRITE
IN THIS SPACE

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)   DATE

**Filing Fee is $50.00
Due by May 1, 2004**

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FABISCH, HARTMUT
STREET ADDRESS	11380 PROSPERITY FARMS RD., STE. 217
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	MGRM
NAME	HAIDORFER, HELMUT
STREET ADDRESS	11380 PROSPERITY FARMS RD., STE. 217
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

I00000048751
02/12/04-80092-018 50.00

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____   Jan. 30th, 2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #