

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L98000000604**

1. Entity Name  
**GAMI OCEANFRONT, LLC**



**FILED**  
**Jul 10, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**C/O LITMAN GERSON LLP  
500 WEST CUMMINGS PARK, #4900  
WOBURN, MA 01801**

Mailing Address  
**C/O LITMAN GERSON LLP  
500 WEST CUMMINGS PARK, #4900  
WOBURN, MA 01801**



07072008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0834870</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**RANKIN, JANE C ESQ.  
C/O KUBICKI DRAPER  
ONE EAST BROWARD BLVD., SUITE 1600  
FT. LAUDERDALE, FL 33301**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75  
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000954098  
07/10/08-80011-007 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	GAMI OCEANFRONT, INC.
STREET ADDRESS	500 W. CUMMINGS PARK, #4900
CITY-ST-ZIP	WOBURN, MA 01801
TITLE	MGRM
NAME	GAMI OCEANFRONT LIMITED PARTNERSHIP I
STREET ADDRESS	500 W. CUMMINGS PARK, #4900
CITY-ST-ZIP	WOBURN, MA 01801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Salvatore J. Muccio Salvatore J. Muccio, CPA Litman, Gerson, LLP, Manager