

# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L99000002610

Entity Name: GMR INVESTMENTS, L.L.C.

FILED  
Nov 29, 2006  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 691856  
ORLANDO, FL 32869

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 691856  
ORLANDO, FL 32869

## New Mailing Address:

FEI Number: 58-2468484

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAYAN, GHAZI  
3190 DANTE DRIVE UNIT 209  
ORLANDO, FL 32835 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: RAYAN, GHAZI M  
Address: P.O. BOX 691856  
City-St-Zip: ORLANDO, FL 32869

Title: MGRM (X) Delete  
Name: RAYAN, HODA  
Address: P.O. BOX 691856  
City-St-Zip: ORLANDO, FL 32869

Title: MGRM (X) Delete  
Name: RAYAN, GHAZI M  
Address: P.O. BOX 691856  
City-St-Zip: ORLANDO, FL 32869

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: RAYAN, HODA  
Address: P.O. BOX 691856  
City-St-Zip: ORLANDO, FL 32869

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 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: HODA RAYAN

MGRM

11/29/2006

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