2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# L99000002629

Entity Name: GEPH, L.L.C.

Current Principal Place of Business:

1428 BRICKELL AVENUE, SUITE 400
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

1428 BRICKELL AVENUE, SUITE 400
MIAMI, FL 33133

New Mailing Address:

FEI Number: 65-1006897 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUMMINGS, PAUL M
% WEINER, CUMMINGS & VITTORIA
1428 BRICKELL AVENUE, SUITE 400
MIAMI, FL 33131 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:	CUMMINGS, PAUL M	
Address:	1428 BRICKELL AVENUE, SUITE 400	
City-St-Zip:	MIAMI, FL 33133	
Title:	MGRM	( ) Delete
Name:	VOLSKY, GEORGE	
Address:	1 SOUTHEAST 3RD AVE	
City-St-Zip:	MIAMI, FL 33131	
Title:	MGRM	( ) Delete
Name:	JACOBS, ERIC	
Address:	13594 SW 58TH AVE	
City-St-Zip:	MIAMI, FL 33156	

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:	

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: PAUL M. CUMMINGS MGR 04/06/2009

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