

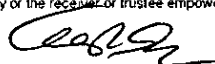
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

NJJH

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M01000002748					
1. Entity Name GB FIXED ASSET SOLUTIONS, LLC					
Principal Place of Business 40 BROAD STREET, 11TH FL BOSTON, MA 02109			Mailing Address 40 BROAD STREET, 11TH FL BOSTON, MA 02109		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 04-3584817	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent's signature required when submitting)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	FRIEZE, MICHAEL G		NAME	70001793651	
STREET ADDRESS	40 BROAD ST., 11TH FL		STREET ADDRESS	04/29/03--01098--013	**\$5.00
CITY-ST-ZIP	BOSTON, MA 02109		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE	MGR	☒ Change ☐ Addition
NAME	GOLDSTEIN, ALAN L R		NAME	GOLDSTEIN, ALAN R	
STREET ADDRESS	40 BROAD ST., 11TH FL		STREET ADDRESS	40 BROAD ST., 11TH FL	
CITY-ST-ZIP	BOSTON, MA 02109		CITY-ST-ZIP	BOSTON, MA 02109	
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GORDON, JEFFREY		NAME		
STREET ADDRESS	2799 SENECA BLVD (32ND AVE.)		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PARK, FL 33023		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			4/23/03		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Alan R. Goldstein, Manager		
			(617) 422-6577		