

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004198

Entity Name: GM SQUARED ACQUISITIONS, LLC

FILED
Jan 27, 2008
Secretary of State

Current Principal Place of Business:

1590 NW 27TH AVE
#9
POMPANO BEACH, FL 33069 US

New Principal Place of Business:

12541 NW 75TH STREET
PARKLAND, FL 33076 US

Current Mailing Address:

1590 NW 27TH AVE
#9
POMPANO BEACH, FL 33069 US

New Mailing Address:

12541 NW 75TH STREET
PARKLAND, FL 33076 US

FEI Number: 20-3202085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MANN, GREGORY
1590 NW 27TH AVE
#9
POMPANO BEACH, FL 33069 US

Name and Address of New Registered Agent:

MANN, GREGORY
12541 NW 75TH STREET
PARKLAND, FL 33076 US

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:

01/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MANN, GREGORY
Address: 1590 NW 27TH AVE, #9
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MANN, GREGORY
Address: 12541 NW 75TH STREET
City-St-Zip: PARKLAND, FL 33076 US

Title: MGR () Change (X) Addition
Name: MANN, GABRIELLE
Address: 12541 NW 75TH STREET
City-St-Zip: PARKLAND, FL 33076

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: GABRIELLE MANN

MGR

01/27/2008

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