


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000018063  
 1. Entity Name  
 GUTIERREZ & ASSOCIATES, P.L.



|   |   |
|---|---|
| Principal Place of Business<br>601 BRICKELL KEY DR.<br>SUITE 201<br>MIAMI, FL 33131 | Mailing Address<br>601 BRICKELL KEY DR.<br>SUITE 201<br>MIAMI, FL 33131 |
|---|---|



01052005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>65-0123627                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent  
 GUTIERREZ, RENALDY J P.A.  
 601 BRICKELL KEY DR  
 SUITE 201  
 MIAMI, FL 33131

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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 signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>GUTIERREZ, RENALDY J P.A.<br>601 BRICKELL KEY DR, STE 201<br>MIAMI, FL 33131 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

UD0000290831  
 04/07/05-80008-009 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Renaldy J. Gutierrez RENALDY J. GUTIERREZ 4-5-05 (305) 577-4500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #