



**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L02000018063 1. Entity Name GUTIERREZ & ASSOCIATES, P.L.	
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Principal Place of Business 601 BRICKELL KEY DR. SUITE 201 MIAMI, FL 33131	Mailing Address 601 BRICKELL KEY DR. SUITE 201 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



01082007 No Chg-LLC      CR2E083 (11/05)

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

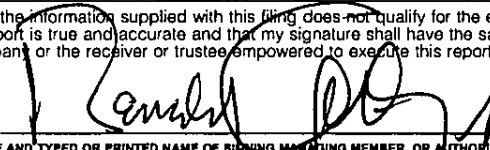
**Filing Fee is \$50.00 Due by May 1, 2007**

000000760120  
05/24/07-80069-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GUTIERREZ, RENALDY J P.A. 601 BRICKELL KEY DR, STE 201 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #