2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State
02-17-2006 90020 049 ****50.00

DOCUMENT # L03000014810

1. Entity Name
GIL, GARDEN, NORMAN, SPENCER & MCKERNAN, LLC

Principal Place of Business	Mailing Address
900 INGRAHAM BUILDING, 25 SE SECOND AVE. MIAMI, FL 33131	900 INGRAHAM BUILDING, 25 SE SECOND AVE. MIAMI, FL 33131

01292006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
10689 N. Kendall Dr #208	Two Alhambra Plaza
Suite, Apt. #, etc.	Suite, Apt. #, etc. Penthouse 1B
City & State Miami FL 33176	City & State Coral Gables 33134
Zip 33176 / Country USA	Zip 33134 / Country USA

4. FEI Number
16-1669328
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MURAI WALD BIONDO & MORENO,P.A. 900 INGRAHAM BUILDING, 25 SE SECOND AVE MIAMI, FL 33131	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GIL, FRANK 10689 N. KENDALL DR., SUITE 208 MIAMI, FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GARDEN, JOSEPH A 10689 N. KENDALL DR., SUITE 208 MIAMI, FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NORMAN SPENCER, MCKERNAN AGENCY, INC. 10689 N. KENDALL DR., SUITE 208 MIAMI, FL 33176	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 02-13-06 305-444-0174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #