2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 17, 2007 8:00 am Secretary of State

DOCUMENT # L03000014810 1. Entity Name GIL, GARDEN, NORMAN, SPENCER & MCKERNAN, LLC						01-17-2007 9	00047 023	****50.	00
Principal Place of Business 10689 N KENDALL DR 208 MIAMI, FL 33176		Mailing Address TWO ALHAMBRA PLAZA PENTHOUSE 1B MIAMI, FL 33134			: A 1 THE THE B 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1	1)		11 1 ()) (11 1)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01112007	Chg-LLC	CR2E08:	3 (12/06)		
City & State		City & State		4. FEI Numb			_ 	plied For t Applicable	
Zip	Country	Zip Countr		try	5. Certificate	of Status Desired		5.00 Add ee Required	
	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New R	egistered Ag	gent	
				Name					
MURAI WALD BIONDO & MORENO, P.A. 900 INGRAHAM BUILDING, 25 SE SECOND AVE MIAMI, FL 33131				Street Address	s (P.O. Box Number is Not Acceptable)				
				City			FL	Zip Code	·
 The above named entity submits this statement for the purpose of changing its reg the obligations of registered agent. 				L ed office or regist	ered agent, or bo	th, in the State of Fig		miliar with,	and accept
SIGNATURE .									
	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signature requir	red when reinstating)		DATE		
		h							
Fi D	iling Fee Is \$50.00 ue by May 1, 2007					,	e check pay a Departmen		
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D	ue by May 1, 2007	RS/MANAGERS	10.	E		Florida	Department		Addition
9.	ue by May 1, 2007 MANAGING MEMBE			1		Florida	Department	nt of State	
9.	MANAGING MEMBE	☐ Delete	TITLI NAM STRE	1		Florida	Department	nt of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGRM GIL, FRANK 10689 N. KENDALL DR., SUITE 2	☐ Delete	TITLI NAM STRE	ET ADORESS -ST-ZIP		Florida	A Department	nt of State	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBE MGRM GIL, FRANK 10689 N. KENDALL DR., SUITE : MIAMI, FL 33176	☐ Delete	TITLI NAM STRE CITY	EET ADDRESS -ST-ZIP		Florida	A Department	nt of State	
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1. I nereby 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.

IGNATURE: JOSEPH D. GARDEN 1-11-07 305 444-017
SIGNATURE AND TOPO OF PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayling Proces