2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 27, 2005 8:00 am Secretary of State

DOCUMENT # L03000035501 1. Entity Name GUMO INVESTMENTS, LLC					01-27-2005 90077 041 ****50.00	
Principal Place of Business		Mailing Address			POODS	
2 ALHAMBRA PLAZA, STE. 860 CORAL GABLES, FL 33146		2 ALHAMBRA PLAZA, STE. 860 Coral Gables, FL 33146				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01102005 Chg-LLC CR2E083 (10/03)	
City & State		City & State			4. FEI Number Applied For 20-0843105 Not Applicable	9
Zip	Country	Zip Country		ry	5. Certificate of Status Desired \$5.00 Additional Fee Required	
·- -	6. Name and Address of Current F	Registered Agent	Name		7. Name and Address of New Registered Agent	4
	CARLOS E	·			P.O. Box Number is Not Acceptable)	_
VILA, PADRON & DIAZ, P.A. 2 ALHAMBRA PLAZA, STE. 860 CORAL GABLES, FL 33134		dibet Address			1. O. DOX Huttiber is not notepiately	_
CORAL GABLES, FL 33134				City	FL Zip Code	-
8. The above named entity submits this statement for the purpose of changing its registered office o				d office or register	· -	_
the obligat	ions of registered agent. Signature, typed or prived registered agent in	Marie de la companya del companya de la companya del companya de la companya de l	ulle-frapplicable: (NOTE: Registered Agent signature required		I when reinstating)	
						+
Filing Fee is \$50.00 Due by May 1, 2005					Make check payable to Florida Department of State	
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/CHANGES	\dashv
TITLE	MGR	☐ Delete	TITLE	1	☐ Change ☐ Addition	ı
NAME STREET ADDRESS	PADRON, CARLOS E 2 ALHAMBRA PLAZA STE 860		NAME	T ADDRESS		1
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-			
TITLE		☐ Detete	TITLE		☐ Change ☐ Additio	n
NAME			NAME	•		
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP	•	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	n
NAME			NAME	1		
STREET ADDRESS - CITY-ST-ZIP				T ADDRESS - ST-ZIP		
TITLE		☐ Delete	TITLE	Į.	☐ Change ☐ Addition	1
NAME Street address			NAMÉ STREE	T ADDRESS	•	
CITY-ST-ZIP				ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	a į
NAME STREET ADDRESS			NAME	T ADDRESS		
CITY-ST-ZIP				ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	1
NAME			NAME		`	
STREET ADORESS CITY-ST-ZIP		e en la graphica de des	0.00	T ADORESS ST-ZIP	and amount of the second factors of any age of the second and the second of the second	
11. I hereby	certify that the information supplied with	this filing does not qualify for t	the exer	nption stated in Se	ection 119.07(3)(i), Florida Statutes. I further certify that the information	-
indicated	on this report is true and accurate and ibility company or the receiver or trustee	that my signature shall have the	ne same	legal effect as if negatived by Chap	made under oath, that I am a managing member or manager of the oter 608. Florida Statutes.	