


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000069689**  
1. Entity Name  
**GATRA 04 LLC**



Principal Place of Business <b>128 MORNINGSIDE DR. CORAL GABLES, FL 33133</b>	Mailing Address <b>128 MORNINGSIDE DR. CORAL GABLES, FL 33133</b>
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**DO NOT WRITE IN THIS SPACE**



01302008 No Chg-LLC CRZE083 (11/05)

4. FEI Number <b>56-2983233</b>	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

**RIQUEZES, JULIO  
128 MORNINGSIDE DR.  
CORAL GABLES, FL 33133**

**DO NOT WRITE  
IN THIS SPACE**

6. 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 reinstated) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIQUEZES, JULIO 128 MORNINGSIDE DR. CORAL GABLES, FL 33133
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02/14/06-80001-001 50.00

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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:**  **Julio Riquezes /MANAGER** **2/1/06** **(305) 7535888**

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