

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L96000000304

1. Entity Name  
GOMENA PROPERTIES L.C.



Principal Place of Business  
ONE SE 3RD AVENUE  
SUITE 2250  
MIAMI, FL 33131

Mailing Address  
ONE SE 3RD AVENUE  
SUITE 2250  
MIAMI, FL 33131



04192005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

AMKGS REGISTERED AGENTS, INC.  
2250 SUN TRUST INTERNATIONAL CENTER  
1 SE 3RD AVE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	SALAZAR, WALDO
STREET ADDRESS	1 SE 3RD AVENUE SUITE 2250
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGRM
NAME	SALAZAR, MARIA T
STREET ADDRESS	1 SE 3RD AVENUE SUITE 2250
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGRM
NAME	BILBAO, PEDRO
STREET ADDRESS	1 SE 3RD AVENUE SUITE 2250
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGRM
NAME	BILBAO, JUAN
STREET ADDRESS	1 SE 3RD AVENUE SUITE 2250
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	MGRM
NAME	AMKGS REGISTERED AGENTS, INC.
STREET ADDRESS	1 SE 3RD AVENUE SUITE 2250
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000356643  
05/04/05-80042-022 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

4-29-05 305-372-5920