


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000082338</b> 1. Entity Name <b>GILCAR LLC</b>	
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Principal Place of Business <b>11755 SW 90TH STREET, SUITE 210 MIAMI, FL 33186</b>	Mailing Address <b>11755 SW 90TH STREET, SUITE 210 MIAMI, FL 33186</b>
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**DO NOT WRITE IN THIS SPACE**



01152007No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-2289991</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**GIL, AUGUSTO J  
7300 SOUTHWEST 93RD AVENUE  
SUITE 210  
MIAMI, FL 33173**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ, CARLOS E 11755 SW 90TH STREET, SUITE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, FERNANDO I 11755 SW 90TH STREET, SUITE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, RAUL A 11755 SW 90TH STREET, SUITE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GIL, AUGUSTO J 11755 SW 90TH STREET, SUITE 210 MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000599448  
01/25/07-80028-017 50.00

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IN THIS SPACE**

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:**

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/16/07

Date

(305) 598-4002

Daytime Phone #