



08 MAY -7 PM 1:53

<b>DOCUMENT # A07000000860</b>				<b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
1. Entity Name <b>GOMEZ DEVELOPMENT, LLLP</b>				<b>08 MAY -7 PM 1:53</b>	
Principal Place of Business <b>3000 CORAL WAY 613 MIAMI FL 33145 US</b>		Mailing Address <b>3000 CORAL WAY 613 MIAMI FL 33145</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		1st MOORE CR2E003 (10/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <input type="checkbox"/> Applied For Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent <b>GOMEZ, ANTONIO 3000 CORAL WAY 613 MIAMI FL 33145</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____				700128679697 05/07/08--01002--025 **500.00 DATE	
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	GOMEZ, ANTONIO 3000 CORAL WAY 613 FL 33145			STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
DOCUMENT #	GOMEZ, EVELIO 800 W 73 PL HIALEAH FL 33014			STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
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DOCUMENT #				STREET ADDRESS	
NAME				CITY-ST-ZIP	
STREET ADDRESS					
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
SIGNATURE: _____				4/16/08 705-992-0337	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone *	