2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000003061

1. Entity Name GINA'S RANCH, LLC



FILED
May 03, 2004 08:00 AN
Secretary of State

Principal Place of Business

407 PARK PLACE HOMESTEAD, FL 33030

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES

Mailing Address

PEREZ BEHAR & ASSOC., P.A. 13935 NW 1ST AVE. MIAMI, FL 33168



04212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0989023 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

PEREZ, BEHAR & ASSOCIATES, PA 13935 NW 1ST AVENUE N MIAMI, FL 33168

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8. The above the obligat	named entity submits this statement for the purpose of chains of registered agent.	anging its registered	d office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title it applicable.	(NOTE: Registered	Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2004			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM CARBALLO, SERGIO 407 PARK PLACE HOMESTEAD, FL 33030	-		U00000152766 05/04/04-80100-004 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM CARBALLO, DELIA 407 PARK PLACE HOMESTEAD, FL 33030			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN '	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP				
TITLE				

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiven or trustee empowered to execute this report as required by Chapter 608, Florida Statutes