2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000003991

1. Entity Name
GONYOR, L.L.C.

Principal Place of Business	Mailing Address
6355 N.W. 36 ST. SUITE 507 MIAMI, FL 33166	6355 N.W. 36 ST. SUITE 507 MIAMI, FL 33166

DO NOT WRITE IN THIS SPACE

02262004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
65-0997848		Not Applicable
5. Certificate of Status Desired	☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALES, NELSON
6355 NW 36 ST., SUITE 507
MIAMI, FL 33166

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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, 2004

U00000157214
05/06/04-80017-026 55.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	GONZALEZ PRIETO, NELSON ARISTOB
STREET ADDRESS	6355 NW 36 ST, SUITE 507
CITY-ST-ZIP	MIAMI, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing 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 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 #