2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 23, 2005 08:00 AM Secretary of State

DOCUMENT # L00000013305 1. Entity Name GILL-OTERO, LLC				Secretary of Stat				
		Mailing Address 1200 EAST ROBINSON STREET ORLANDO, FL 32801						
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y ****	A NOT WOIT	~	02222005 No	Chg-LLC	CR2E083	(10/03)		
DO NOT WRITE IN THIS SPACE			CE	4. FEI Number 59-36806		□ \$5.	Applied For Not Applicable OO Additional	
	6. Name and Address of Current	Decletored Agent		5. Certificate of			Required	
LAW OFFI 201 EAST	N, JOHN D ESQUIRE ICES OF DEAN, RINGERS, E PINE STREET, SUITE 1200 D, FL 32801	DO NOT WRITE IN THIS SPACE						
the obligat	named entity submits this statement follows of registered agent.	or the purpose of changing its registered	ed office or register	ed agent, or both,	in the State of Florid	ia, i am famili	ar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent	and little if applicable. (NOTE Registere	Agent signature required	when reinstating)	<u> </u>	DATE	·	
Fi Di	iling Fee is \$50.00 ue by May 1, 2005	· · · · · · · · · · · · · · · · · · ·		03/23/05-8	73846 10043-02	0 50.00		
9.	MANAGING MEMB	RS/MANAGERS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OTERO, HARALDO D.D.S, 1200 EAST ROBINSON STREE ORLANDO, FL 32801	r						
TITLE NAME STREET ADDRESS	MGRM GILL, CHARLES A D.D.S. 1200 EAST ROBINSON STREE							

CITY-ST-ZIP ORLANDO, FL 32801 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

3-21-05

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Daytime Phone #