



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90041 008 \*\*\*\*50.00

<b>DOCUMENT # L01000006619</b> 1. Entity Name <b>GIL FAMILY LLC</b>					
Principal Place of Business <b>9360 SUNSET DR #291</b> <b>MIAMI FL 33173</b>				Mailing Address <b>9360 SUNSET DR #291</b> <b>MIAMI FL 33173</b>	
2. Principal Place of Business <b>7300 SW 93rd Avenue</b> Suite, Apt. #, etc. <b>210</b>		3. Mailing Address <b>7300 SW 93rd Avenue</b> Suite, Apt. #, etc. <b>210</b>			
City & State <b>Miami, Fl.</b>		City & State <b>Miami, Fl.</b>			
Zip <b>33173</b>		Zip <b>33173</b>			
Country <b>Miami-Dade</b>		Country <b>Miami-Dade</b>		4. FEI Number <b>65-1107906</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>GIL, AUGUSTO J</b> <b>9360 SUNSET DR #291</b> <b>MIAMI, FL 33173</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>D</b>  <b>GIL, AUGUSTO J</b>  <b>9360 SUNSET DR #291</b>  <b>MIAMI, FL 33173</b> </div> <div> <input type="checkbox"/> Delete  <b>7300 SW 93 Ave</b>  <b>Ste. 210</b> </div> </div>			<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>D</b>  <b>GIL, JULIA</b>  <b>9360 SUNSET DR #291</b>  <b>MIAMI, FL 33173</b> </div> <div> <input type="checkbox"/> Delete  <b>7300 SW 93 Ave</b>  <b>Ste. 210</b> </div> </div>			<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <b>D</b>  <b>ALEJANDRO, GIL</b>  <b>9360 SUNSET DR #291</b>  <b>MIAMI, FL 33173</b> </div> <div> <input type="checkbox"/> Delete  <b>7300 SW 93 Ave</b>  <b>Ste. 210</b> </div> </div>			<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Delete           </div> </div>			<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Delete           </div> </div>			<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Delete           </div> </div>			<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <b>1/6/06</b> Daytime Phone # _____	