2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L01000010467

Entity Name
GILAZO MINORITY INTERESTS, LLC



Principal Place of Business

Mailing Address

2875 N.E. 191 STREET, PENTHOUSE I AVENTURA, FL 33180

2875 N.E. 191 STREET, PENTHOUSE I AVENTURA, FL 33180

4:411:51.11.:.11.:.11.

FILED Jan 26, 2004 08:00 AM Secretary of State



01142004No Chg-LLC

4. FEI Number 51-0417821

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

5. Name and Address of Current Registered Agent

88 NE 186TH STREET NORTH MIAMI BEACH, FL 33162

IN THIS SPACE

HENRY CHARTELLY ::::

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, typed or printed name of registered agent and title if applicable.

(FIOTE Registered Agent aignature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

9 ,	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADORESS CITY-ST-ZP	MGR AZOUT, JACK 2875 NE 191 STREET PH-1 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS GITY-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-SI-78P	

IN THIS SPACE

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 imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 808, Florida Statutes.

rinted name of signing managing member, or authorized representative

935-5175

Daytime Phone #