2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000014870

1. Entity Name GINKGO BILOBA, LLC

Principal Place of Business

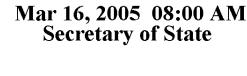
Mailing Address

SIGNATURE AND TYPED OR PRINTED NIME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

717 PONCE DE LEON BLVD. SUITE 317 CORAL GABLES, FL 33134 717 PONCE DE LEON BLVD.

SUITE 317

CORAL GABLES, FL 33134



FILED



DO NOT WRITE IN THIS SPACE

01102005 No Chg-LLC CR2E083 (10/03)

4.	FEI Number 65-1146118		Applied For Not Applicable
5.	Certificate of Status Desired	\$5.00 Fee Re	Additional guired

6. Name and Address of Current Registered Agent

MIGUEL M. GONZALEZ, P.A. 717 PONCE DE LEON BLVD. SUITE 317 CORAL GABLES, FL 33134

SIGNATURE:

DO NOT WRITE IN THIS SPACE

05

Davime Phone #

 The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Plorida. I am lamiliar 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	
Fi Di	ling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARDA, ALBERTO 717 PONCE DE LEON BLVD. CORAL GABLES, FL 33134		U00000265494 03/16/05-80059-013 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM INFANZON, GRACIELA 717 PONCE DE LEON BLVD, CORAL GABLES, FL 33134			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-SY-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby indicated limited lia	certify that the information supplied with this filing does not of on this report is true and accurate and that my signature stability company or the receiver of plustee empowered to exe	qualify for the exemption stated in Section 119.07(S half have the same legal effect as if made under oa cute this report as required by Chapter 608, Florida	(i), Florida Statutes. I further certify that the information th; that I am a managing member or manager of the a Statutes.	