2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 21, 2007 8:00 am Secretary of State

DOCUMENT # L01000014870 1. Entity Name GINKGO BILOBA, LLC							03-21-2007 9	0163 029	****50.0	00
SUITE 317	e of Business DE LEON BLVD:- ES, FL: 33134	Mailing Address 717 PONCE DE LEON BLVD: SUITE 317 CORAL GABLES, FL 33134			1 (111 (11) 6 7)	87281 WENT FRAN ERAN 971	IL ODGOL HEIN GIDI	T & 69 FFE 49 6 Th 4 0 Th	E B1 (11 1 1 1 1	
ł ·	lace of Business - No P.O. Box #	3. Mailing Address % MIGUEL M. GONZALEZ, P.A.								
Suite, Apt. #, etc. 525 N.W. 27th Avenue, Ste.		Suite, Apt. #, etc. 525 N.W. 27th Avenue, Ste.				01162007	Chg-LLC	CR2E08	33 (12/06)	
City & State 105A Miami, FL 33125		City & State 105A Miami, FL 33125			J5A	4. FEI Numbe			- 	plied For t Applicable
Z ip	Country	Zip	Coun	try		5. Certificate	of Status Desired		5.00 Addi ee Required	
	6. Name and Address of Current F	Registered Agent				7. Name and	Address of New F	Registered A	gent	
MIGUEL M. GONZALEZ, P.A.				Name						
1	E DE LEON BLV Ð.		Street Address (525 N.W.			(P.O. Box Number is Not Acceptable) 27th Avenue, Suite 100A				
1	ABLES; Ft: -99194			mi, FL 33125						
				City	FL Zip Code					
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egister	ed office or	register	ed agent, or bot	th, in the State of Fl	orida. Iam f	amiliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE	Registere	d Agent signatu	are required	when reinstating)		DATE		 -
-			.			<u> </u>				
	iling Fee is \$50.00 ue by May 1, 2007		<u> </u>					te check pa a Departme		
9.	MANAGING MEMBE	RS/MANAGERS	10.					a Departme	ent of State	
9. 11TLE	ue by May 1, 2007 MANAGING MEMBEI MGRM	RS/MANAGERS	TITL				Florid	a Departme		Addition
9. TITLE NAME	MANAGING MEMBEI MGRM GARDA, ALBERTO		TITL	IE	525		ADDITIONS	a Departme	Change	
9. 11TLE	ue by May 1, 2007 MANAGING MEMBEI MGRM		TITL NAM STRI				ADDITIONS th Street,	a Departme	Change	
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11. I hereby certify that the information supplied with this indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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.

GNATURE:

SIGNATURE AND TYPED OR SENTENHAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

14CH 9 200 305-649-0030