

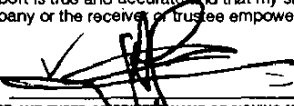


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-21-2007 90163 029 \*\*\*\*50.00

<b>DOCUMENT # L01000014870</b> 1. Entity Name <b>GINKGO BILOBA, LLC</b>					
Principal Place of Business <b>717 PONCE DE LEON BLVD. SUITE 317 CORAL GABLES, FL 33134</b>			Mailing Address <b>717 PONCE DE LEON BLVD. SUITE 317 CORAL GABLES, FL 33134</b>		
2. Principal Place of Business - No P.O. Box # <b>% MIGUEL M. GONZALEZ, P.A.</b>		3. Mailing Address <b>% MIGUEL M. GONZALEZ, P.A.</b>			
Suite, Apt. #, etc. <b>525 N.W. 27th Avenue, Ste.</b>		Suite, Apt. #, etc. <b>525 N.W. 27th Avenue, Ste.</b>		01162007    Chg-LLC    CR2E083 (12/06)	
City & State <b>Miami, FL 33125</b>		City & State <b>Miami, FL 33125</b>		4. FEI Number <b>65-1146118</b>	
Zip <b>105A</b>		Zip <b>105A</b>		Applied For <input type="checkbox"/> Not Applicable	
Country <b>FL</b>		Country <b>FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>MIGUEL M. GONZALEZ, P.A. 717 PONCE DE LEON BLVD. SUITE 317 CORAL GABLES, FL 33134</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>525 N.W. 27th Avenue, Suite 100A</b> <b>Miami, FL 33125</b> City <b>FL</b> Zip Code		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State.</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GARDA, ALBERTO 717 PONCE DE LEON BLVD. CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM INFANZON, GRACIELA 717 PONCE DE LEON BLVD. CORAL GABLES, FL 33134</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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> 		<b>ALBERTO GARDA</b>		<b>MARCH 9, 2007</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	