


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 31, 2004 8:00 am**  
**Secretary of State**

08-31-2004 90032 008 \*\*\*\*50.00

|  |   |
|--|---|
| DOCUMENT # L01000015216<br>1. Entity Name<br>MARILUZ GONZALEZ, LLC |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>2000 SPRINGDALE BLVD., APT. F206<br>PALM SPRINGS, FL 33461 | Mailing Address<br>2000 SPRINGDALE BLVD., APT. F206<br>PALM SPRINGS, FL 33461 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



07122004 No Chg-LLC CR2E083 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>65-1146751 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required |
|---|---------------------------------------|

|  |
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| 6. Name and Address of Current Registered Agent<br><br>GONZALEZ, MARILUZ<br>2000 SPRINGDALE BLVD., APT. F206<br>PALM SPRINGS, FL 33461 |
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>GONZALEZ, MARILUZ<br>2000 SPRINGDALE BLVD., F206<br>PALM BEACH, FL 33461 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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11. I hereby certify that the information supplied with this filing 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Mariluz Gonzalez* MARILUZ GONZALEZ 8-17-04 (561) 236-7162  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #