


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000015216
 1. Entity Name
MARILUZ GONZALEZ, LLC



Principal Place of Business
**2000 SPRINGDALE BLVD., APT. F206
 PALM SPRINGS, FL 33461**

Mailing Address
**2000 SPRINGDALE BLVD., APT. F206
 PALM SPRINGS, FL 33461**

DO NOT WRITE IN THIS SPACE



07182005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1146751	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**GONZALEZ, MARILUZ
 2000 SPRINGDALE BLVD., APT. F206
 PALM SPRINGS, FL 33461**

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$50.00 Due by September 7, 2005

1100000373994
 07/22/05-80004-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, MARILUZ 2000 SPRINGDALE BLVD., F206 PALM BEACH, FL 33461
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-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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** **7-20-05 (361)967-9910**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #