2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State
04-25-2005 90101 003 ****50.00

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04192005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L01000021115

1. Entity Name
GONZALEZ & MONTEAGUDO, LLC

Principal Place of Business	Mailing Address
~~8180 N.W. 36 STREET, SUITE 230~~ ~~MIAMI, FL 33166~~	~~8180 N.W. 36 STREET, SUITE 230~~ ~~MIAMI, FL 33166~~

2. Principal Place of Business		3. Mailing Address	
7205 N.W. 19th Street		Same	
Suite, Apt. #, etc.: Suite 301		Suite, Apt. #, etc.	
City & State: Miami, FL		City & State	
Zip: 33126	Country	Zip	Country

4. FEI Number 65-1155980 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MONTEAGUDO, ISELA	Name
~~8180 N.W. 36 STREET, SUITE 230~~	Street Address (P.O. Box Number is Not Acceptable): 7205 N.W. 19th Street
~~MIAMI, FL 33166~~	Suite 301
	City: Miami FL Zip Code: 33126

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: [signature] — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MONTEAGUDO, ISELA	NAME	
STREET ADDRESS	~~8180 NW 36 ST STE 230~~	STREET ADDRESS	7205 N.W. 19th Street, Suite 301
CITY-ST-ZIP	~~MIAMI, FL 33166~~	CITY-ST-ZIP	Miami, Fl 33126
TITLE	MGRM ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	GONZALEZ, MANUEL A	NAME	
STREET ADDRESS	~~8180 NW 36TH ST, STE 230~~	STREET ADDRESS	7205 N.W. 19th Street, Suite 301
CITY-ST-ZIP	~~MIAMI, FL 33166~~	CITY-ST-ZIP	Miami, Fl 33126
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: [signature] 4/19/05 305-477-3813
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #