2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2004
Secretary of State

DOCUMENT# L01000021474

Entity Name: THE GILMAR COMPANY, L.L.C.

Current Principal Place of Business:

3116 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

3116 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 01-0562303 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DERAY, MARCEL
3116 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

DERAY, MARCEL MGRM
3116 ALHAMBRA CIRCLE
CORAL GABLES, FL 33134

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.

SIGNATURE: MARCEL DERAY 01/11/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: DERAY, MARCEL
Address: 3116 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete
Name: DERAY, GILBERT
Address: 38 RUE BUSTAVE GOUBLIER
City-St-Zip: LA VARENNE ST HILAIRE FRANCE, 94210

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DERAY, MARCEL MGRM
Address: 3116 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM (X) Change ( ) Addition
Name: DERAY, GILBERT MGRM
Address: 38 RUE GUSTAVE GOUBLIER
City-St-Zip: LA VARENNE ST HILAIRE FRANCE, FR 94210

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARCEL DERAY MGRM 01/11/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date