

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000009477

Entity Name: GONZA REALTY, LLC

FILED  
May 02, 2006  
Secretary of State

**Current Principal Place of Business:**

19259 SOUTH CREEK SHORE CT.  
BOCA RATON, FL 33498

**New Principal Place of Business:**

**Current Mailing Address:**

19259 SOUTH CREEK SHORE CT.  
BOCA RATON, FL 33498

**New Mailing Address:**

FEI Number: 04-3658280      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HCRM CORP.  
2200 CORPORATE BLVD., N.W., STE. 401  
BOCA RATON, FL 33431      US

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: GONZALEZ, LAURA M RN  
Address: 19259 SOUTH CREEKSHORE CT.  
City-St-Zip: BOCA RATON, FL 33498

Title: MGRM      ( ) Delete  
Name: GONZALEZ, JOSE M MD  
Address: 19259 SOUTH CREEKSHORE CT.  
City-St-Zip: BOCA RATON, FL 33498

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LAURA GONZALEZ

MGRM

05/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date