


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005 8:00 am
Secretary of State

07-05-2005 90095 021 ****50.00

DOCUMENT # L02000019035	
1. Entity Name GILLEN & GILLEN, LLC	

Principal Place of Business 15221 NE 21 AVENUE N MIAMI BEACH, FL 33162	Mailing Address 15221 NE 21 AVENUE N MIAMI BEACH, FL 33162
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20061330



DO NOT WRITE IN THIS SPACE

06292005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 51-0418493	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GILLEN, ARLENE
 15221 NE 21ST AVE
 N MIAMI BEACH, FL 33162

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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 _____ (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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILLEN, ARLENE 20841 NE 21ST CT MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILLEN, PHILLIP 2646 LEE ST HOLLYWOOD, FL 33020
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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: *Arlene Gillen*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6-28-05 305-9442464
Date Daytime Phone #