

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

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



03152006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number: 51-0418493 Applied For: Not Applicable
 5. Certificate of Status Desired: \$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: _____

Filing Fee is \$50.00 Due by May 1, 2006

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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 05/05/06-80116-003 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* Arlene Gillen 3-22-06 305 9442464
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #