


FILED
Apr 11, 2007 08:00 A
Secretary of State

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

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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04092007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
 IN THIS SPACE**

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

**Filing Fee is \$50.00
 Due by May 1, 2007**

000000700409
 04/20/07-80016-014 50.00

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

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** 4-9-07 3059442464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #