





# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90374 047 \*\*\*\*50.00

<b>DOCUMENT # L03000000169</b> 1. Entity Name <b>GOPEI LLC</b>					
Principal Place of Business <b>15291 NW 60 AVE, SUITE 200</b> <b>SUITE 200</b> <b>MIAMI LAKES, FL 33014 US</b>			Mailing Address <b>15291 NW 60 AVE, SUITE 200</b> <b>SUITE 200</b> <b>MIAMI LAKES, FL 33014 US</b>		
2. Principal Place of Business <b>8527 Pines Blvd</b> Suite, Apt. #, etc. <b>215</b>		3. Mailing Address <b>Same</b> Suite, Apt. #, etc.			
City & State <b>Pembroke Pines, FL</b> Zip <b>33024</b> Country <b>USA</b>		City & State Zip Country		4. FEI Number <b>04-3765249</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>GOMEZ, RODRIGO</b> <b>15291 NW 60 AVE, SUITE 200</b> <b>SUITE 200</b> <b>MIAMI LAKES, FL 33014</b>			7. Name and Address of New Registered Agent Name <b>Rodrigo Gomez</b> Street Address (P.O. Box Number is Not Acceptable) <b>8527 Pines Blvd, Suite 215</b> City <b>Pembroke Pines</b> <b>FL</b> Zip Code <b>33024</b>		
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 <b>04/28/05</b> <small>Signature, typed or printed name of registered agent and title if acceptable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>GOMEZ, RODRIGO</b> <b>15291 NW 60 AVE, SUITE 200</b> <b>MIAMI LAKES, FL 33014</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>RODRIGO GOMEZ</b> <b>8527 PINES BLVD, SUITE 215</b> <b>PEMBROKE PINES, FL 33024</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>PEISACH, JAIME</b> <b>15291 NW 60 AVE, SUITE 200</b> <b>MIAMI LAKES, FL 33014</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>JAIME PEISACH</b> <b>8527 PINES BLVD, SUITE 215</b> <b>PEMBROKE PINES, FL 33024</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>Rodrigo Gomez</b>		
Date <b>04/28/05</b>			Daytime Phone # <b>954-588-1433</b>		