


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jun 16, 2005 8:00 am**  
**Secretary of State**

06-16-2005 90093 017 \*\*\*\*50.00

DOCUMENT # L03000002348 1. Entity Name GOMEZMENA PROPERTIES L.L.C.	
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Principal Place of Business ONE S.E. THIRD AVE., SUITE 2250 MIAMI, FL 33131	Mailing Address ONE S.E. THIRD AVE., SUITE 2250 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**

06142005No Chg-LLC CR2E083 (10/03)

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

6. Name and Address of Current Registered Agent

AMKGS REGISTERED AGENTS, INC.  
 2250 SUNTRUST INTERNATIONAL CENTER  
 ONE S.E. THIRD AVENUE  
 MIAMI, FL 33131

**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)

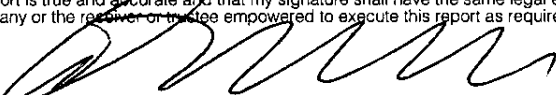
**Filing Fee is \$50.00  
 Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMKGS REGISTERED AGENTS, INC. ONE SE THIRD AVE., STE. 2250 MIAMI, FL 33131
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  Date: 6-14-05 Daytime Phone #: 305-3736600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE