

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90021 022 \*\*\*\*50.00

**DOCUMENT # L03000012745**

1. Entity Name

**SAN GABRIEL SHOPPING CENTER, LLC**



Principal Place of Business

**5901 S.W. 74TH STREET, #400  
SOUTH MIAMI, FL 33143**

Mailing Address

**5901 S.W. 74TH STREET, #400  
SOUTH MIAMI, FL 33143**

**60022379**



01112006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**86-1058419**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MOLANS, JAMES A  
5901 SW 74TH STREET #400  
SOUTH MIAMI, FL 33143**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RODRIGUEZ, MARISOL
STREET ADDRESS	5901 SW 74TH STREET #400
CITY - ST - ZIP	SOUTH MIAMI, FL 33143
TITLE	MGRM
NAME	RODRIGUEZ, DAVID
STREET ADDRESS	5901 SW 74th Street, #400
CITY - ST - ZIP	South Miami, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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:**

**DAVID RODRIGUEZ**

**March 17, 2006 (305) 666-0345**

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

Date

Daytime Phone #