


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000017506	
1. Entity Name GON TRUST LLC	

Principal Place of Business 1129 NW 125 AVE MIAMI, FL 33182 US	Mailing Address 8770 SW 72 ST MIAMI, FL 33173 US
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DO NOT WRITE IN THIS SPACE

01242005No Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2358475	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PERAITA, GERARDO R
1129 NW 125 AVE
MIAMI, FL 33182

**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, 2005**

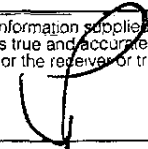
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PERAITA, GERARDO R 1129 NW 125 AVE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC PERAITA, NORIS 1129 NW 125 AVE MIAMI, FL 33182
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/09/05-80006-003 55.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

2/4/05 _____
Date Daytime Phone #