

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000018202		
1. Entity Name GERARD AVE., L.L.C.		
Principal Place of Business 195 AUDUBON BLVD. NAPLES, FL 34110		Mailing Address 6310 SAN VICENTE BLVD. STE 250 LOS ANGELES, CA 90048
DO NOT WRITE IN THIS SPACE		
B. Name and Address of Current Registered Agent SKRIVAN, KENT A ESQ BUTZEL LONG 801 LAUREL OAK DRIVE, STE. 705 NAPLES, FL 34108		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)		

FILED
Sep 03, 2008 08:00 AM
Secretary of State



07032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
57-1167477Applied For
Not Applicable5. Certificate of Status Desired ☐\$5.00 Additional
Fee Required

FILE NOW!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 807.193(2)(b), F.S., the limited
liability company did not receive the prior notice.

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRAUN, STANLEY 195 AUDUBON BLVD NAPLES, FL 34110
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09/03/08-80001-009 138.75

**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 808, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/22/08 604 602 1610