

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Nov 19, 2005
Secretary of State**

DOCUMENT# L03000037737

Entity Name: GONZALEZ & RODRIGUEZ, P.L.

Current Principal Place of Business:

999 PONCE DE LEON BOULEVARD STE. 1135
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

999 PONCE DE LEON BOULEVARD STE. 1135
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 20-0273075 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, JAVIER L ESQ
999 PONCE DE LEON BOULEVARD STE. 1135
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GONZALEZ, JAVIER L MEMBER
Address: 999 PONCE DE LEON BLVD, STE 1135
City-St-Zip: CORAL GABLES, FL 33134

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JAVIER L. GONZALEZ,, P.A.
Address: 999 PONCE DE LEON BLVD, STE 1135
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM () Change (X) Addition
Name: HUMBERTO L. RODRIGUE, Z, P.A.
Address: 999 PONCE DE LEON BLVD, STE 1135
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAVIER L GONZALEZ

MGRM

11/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date