

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jan 05, 2006  
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: JAVIER L. GONZALEZ, P.A.  
Address: 999 PONCE DE LEON BLVD, STE 1135  
City-St-Zip: CORAL GABLES, FL 33134

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

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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      01/05/2006

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