


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000039040 1. Entity Name GURKY, L.L.C.	
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Principal Place of Business 1247 ALTON ROAD MIAMI BEACH, FL 33139	Mailing Address 1247 ALTON ROAD MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



02252005No Chg-LLC

CR2E083 (10/03)

4. FCI Number 20-0328661	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fees Required
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6. Name and Address of Current Registered Agent DIAZ, OSVALDO J 7951 SW 40TH STREET, SUITE 208 MIAMI, FL 33155
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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 reconstituting) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PASTOR, MARIANO 1247 ALTON ROAD MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUERRA, LINETTE 1247 ALTON ROAD MIAMI BEACH, FL 33139
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<p>1100000286588 14/04/05-80034-016 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **3/29/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #