2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State
03-15-2004 90429 012 ****50.00

DOCUMENT # L03000039563

1. Entity Name
GATROU GROUP, LLC

Principal Place of Business	Mailing Address
2521 COUNTRY CLUB PRADO CORAL GABLES, FL 33134 US	2521 COUNTRY CLUB PRADO CORAL GABLES, FL 33134 US

34002443

2. Principal Place of Business	3. Mailing Address
5201 BLUE LAGOON DR.	5201 BLUE LAGOON DR.
Suite, Apt. #, etc.: PH SUITE 979	Suite, Apt. #, etc.: PH SUITE 979
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33126 Country:	Zip: 33126 Country:

02112004 Chg-LLC CR2E083 (10/03)

4. FEI Number 27-0069343 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BECKER & POLIAKOFF, P.A. 5201 BLUE LAGOON DRIVE MIAMI, FL 33126	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PALACIO, MARIA T PRESIDE 2521 COUNTRY CLUB PRADO CORAL GABLES, FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5201 BLUE LAGOON DR., PH #979 MIAMI, FL 33126	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Maria T. Palacio 3-6-04 305-669-8817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #