2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 15, 2005 08:00 AM Secretary of State **DOCUMENT # L03000040036** G&D AVENTURA, L.L.C. Principal Place of Business Mailing Address 7660 WEST 20TH AVE., STE 1 7660 WEST 20TH AVE., STE 1 HIALEAH, FL 33016 2875 N.E. 191ST ST. HIALEAH, FL 33016 01252005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0837897 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SERBER, DANIEL J ESQ DO NOT WRITE TURNBERRY PLAZA, STE. 801 2875 N.E. 191ST ST. IN THIS SPACE AVENTURA, FL 33180 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. DATE (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE MINTEER, DANIEL NAME 2875 NE 191 ST., STE 801 STREET ADDRESS CITY - ST - ZIP AVENTURA, FL 33180 U00000306338 04/15/05-80009-025 50.00 MGRM TITLE WEINTRAUS, ABRAHAM NAME 7760 W. 20TH AVE., STE 1 STREET ADDRESS CITY - ST - 71P HIALEAH, FL 33016 TITLE NAME BORODOWSKI, MARCELO 2875 NE 191 ST., STE 801 STREET ADDRESS DO NOT WRITE CITY-SY-ZIP AVENTURA, FL 33180 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 of the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE A

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

(uk)

NAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone i

FILED