


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90032 022 ****55.00

DOCUMENT # L03000040638

1. Entity Name
GONZALO A. GALINDO LLC




Principal Place of Business
**8918 MAJORCA BAY DRIVE
 LAKE WORTH, FL 33467**

Mailing Address
**8918 MAJORCA BAY DRIVE
 LAKE WORTH, FL 33467**

DO NOT WRITE IN THIS SPACE

20038579



04052005No Chg-LLC CR2E083 (10/03)

4. FEI Number
03-0530703 Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GALINDO, GONZALO A
 8918 MAJORCA BAY DRIVE
 LAKE WORTH, FL 33467**

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 _____ DATE **APR - 5 2005**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GALINDO, GONZALO A 8918 MAJORCA BAY DR LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GALINDO, BERTA 8918 MAJORA BAY DRIVE LAKE WORTH, FL 33467
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DO NOT WRITE IN THIS SPACE

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: *Gonzalo A. Galindo* **GONZALO A. GALINDO** APR 16 2005 561-965-6839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #