

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046128

Entity Name: GATROU MEDIA, LLC

FILED
Jan 11, 2005
Secretary of State

Current Principal Place of Business:

5201 BLUE LAGOON DR
PH STE 979
MIAMI, FL 33126 US

New Principal Place of Business:

343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

Current Mailing Address:

5201 BLUE LAGOON DR
PH STE 979
MIAMI, FL 33126 US

New Mailing Address:

343 ALMERIA AVENUE
CORAL GABLES, FL 33134 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARMAS, ANGEL
5201 BLUE LAGOON DRIVE
SUITE 100
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

ARMAS, ANGEL
11620 SW 121ST AVENUE
MIAMI, FL 33186 US

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: ANGEL ARMAS

01/11/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GATROU GROUP, LLC,
Address: 5201 BLUE LAGOON DR, PH #979
City-St-Zip: MIAMI, FL 33126 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GATROU GROUP, LLC,
Address: 343 ALMERIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGRM () Change (X) Addition
Name: PALACIO, MARIA E
Address: 2521 COUNTRY CLUB PRADO
City-St-Zip: CORAL GABLES, FL 33134

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARIA PALACIO

MGRM

01/11/2005

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