
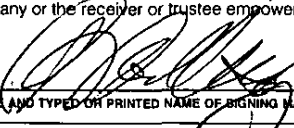


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2005 8:00 am**  
**Secretary of State**

04-21-2005 90032 042 \*\*\*\*50.00

<b>DOCUMENT # L04000001238</b> 1. Entity Name <b>G &amp; T DEVELOPERS IV, LLC</b>					
Principal Place of Business <b>4640 NW 114TH AVE</b> <b>MIAMI, FL 33178</b>			Mailing Address <b>4640 NW 114TH AVE</b> <b>MIAMI, FL 33178</b>		
2. Principal Place of Business <b>23420 MIRABELLA CIRCLE</b>			3. Mailing Address <b>Same</b>		
Suite, Apt. #, etc. <b>Same</b>			Suite, Apt. #, etc. <b>Same</b>		
City & State <b>BOCA RATON</b>		City & State <b>Same</b>		4. FEI Number <b>510-242-7577</b>	
Zip <b>FL</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip <b>33433</b>		Zip <b>33433</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>GONZALEZ, RODOLFO</b> <b>4640 NW 114TH AVE</b> <b>MIAMI, FL 33178</b>			7. Name and Address of New Registered Agent  Name <b>M. CRISTINA DEL-VALLE, PA.</b> Street Address (P.O. Box Number is Not Acceptable) <b>201 Alhambra Circle</b> <b>Suite 601</b> City <b>CORAL GABLES</b> <b>FL</b> Zip Code <b>33134</b>		
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 <b>4/18/05</b>		
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RODOLFO GONZALEZ</b> <input type="checkbox"/> Delete <b>MEMBER/</b> <b>MGR</b> <b>23420 MIRABELLA CIRCLE</b> <b>BOCA RATON, FL 33433</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GABRIEL TARRAU</b> <input type="checkbox"/> Delete <b>MEMBER/</b> <b>MANAGER</b> <b>235 ALTARA AVE</b> <b>CORAL GABLES, FL 33146</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 			DATE <b>4/18/05</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>RODOLFO GONZALEZ</b>			Daytime Phone # <b>1 561 827 0073</b>		