


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
05 MAR 11 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L04000004579</b> 1. Entity Name <b>CIRILO'S LLC</b>																											
Principal Place of Business <b>850 CANTON CIRCLE #32 TALLAHASSEE, FL 32301</b>			Mailing Address <b>850 CANTON CIRCLE #32 TALLAHASSEE, FL 32301</b>																								
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																								
4. FEI Number 03092005 Chg-LLC CR2E083 (10/03)			<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																								
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			6. Name and Address of Current Registered Agent <b>GONZALEZ, CIRILO 850 CANTON CIRCLE #32 TALLAHASSEE, FL 32301</b>																								
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																											
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">MGRM</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GONZALEZ, CIRILO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>850 CANTON CIRCLE #32</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TALLAHASSEE, FL 32301</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	GONZALEZ, CIRILO		STREET ADDRESS	850 CANTON CIRCLE #32		CITY-ST-ZIP	TALLAHASSEE, FL 32301											
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10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;">700048498437</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>03/16/05--01007--013 **50.00</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	700048498437	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	03/16/05--01007--013 **50.00		STREET ADDRESS			CITY-ST-ZIP			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">TITLE</td> <td style="width: 60%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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.																											
<b>SIGNATURE: Cirilo Gonzalez</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				<b>3/9/05</b> Date Daytime Phone #																							