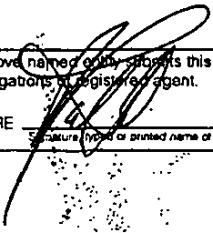
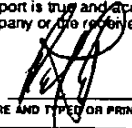


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 13, 2005 8:00 am
Secretary of State

04-20-2005 90035 005 ****50.00

DOCUMENT # L04000021286			
1. Entity Name GAVIOTA INVESTMENTS LLC			
Principal Place of Business 3375 NORTH COUNTRY CLUB DRIVE, #607 AVENTURA FL 33180		Mailing Address 3375 NORTH COUNTRY CLUB DRIVE, #607 AVENTURA FL 33180	
2. Principal Place of Business 6187 NW 167 ST		3. Mailing Address 6187 NW 167 ST	
Suite, Apt. #, etc. Suite H4		Suite, Apt. #, etc. Suite H4	
City & State MIAMI LAKES FL		City & State MIAMI FL	
Zip 33015	Country USA	Zip 33015	Country USA
6. Name and Address of Current Registered Agent GONZALEZ, PATRICIA 3375 NORTH COUNTRY CLUB DRIVE, #607 AVENTURA FL 33180		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 6187 NW 167 ST Suite H4 City MIAMI LAKES FL Zip Code 33015	
8. The above named entity supports 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, the registered agent.			
SIGNATURE 		Date 4/14/05	
Signature (Typed or printed name of registered agent and state if applicable)		(NOTE: Registered Agent signature required when re-registering)	
3		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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 recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date 4/14/05 (305) 231-1795	
Signature and Typed or Printed Name of Signing Managing Member, Manager, or Authorized Representative		Daytime Phone #	