## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 19, 2005 8:00 am Secretary of State

1418 AUTUMN DR TAMPA, FL 33613  2. Principal Place of Business 1418 AUTUMN DR TAMPA, FL 33613	DOCUMENT # L04000022161  1. Entity Name MARRERO & ASSOCIATES, LLC  Principal Place of Business Mailing Address					04-19-2005 90	010 030 ****55.	00	
2. Principal Place of Business 1418 Autumn Or. 4118 Autumn Or.									
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Name									
CONTAXGONZALEZ SERVICE CORP 4142 W OAKRIDGE ROAD, SUITE 102 Street Address (P.O. Box Number is Not Acceptable)				Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
ORLANDO, FL 32809									
City E Zip Code		·		City		· · · · · · · · · · · · · · · · · · ·	- Zin Cod		
F L							<u> FL</u>		
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 Signature, typed or printed name of registered agent and title displicable (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$50.00 Make check payable to Due by May 1, 2005 Florida Department of State	Filing Fee is \$50.00 Due by May 1, 2005								
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES  URLE MGR Delete URLE GRANDER Addition		1				ADDITIONS/0	•	- Addition	
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CITY-ST-2IP CITY-ST-2IP  11. hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information		certify that the information supplied with	this filing does not qualify for th	<u></u>	Section 119 07/3	(i) Florida Statutes 1	further certify that the in	iformation	

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: MANAGER, OR AUTHORIZED REPRESENTAT

4-12-05 /813 \- 842-93

Dayturke Phone #