2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State
04-27-2007 90026 027 ****50.00

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02202007 Chg-LLC CR2E083 (12/06)

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1. Entity Name
GILMAR PROPERTIES, LLC

Principal Place of Business
10010 SOUTH FEDERAL HIGHWAY, SUITE 6
PORT ST. LUCIE, FL 34952 US

Mailing Address
1104 SOUTHEAST WESTCHESTER DRIVE
PORT SAINT LUCIE, FL 34952 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
90-0196355
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, DANA
1858 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34952

7. Name and Address of New Registered Agent

Name: Diana Goldman
Street Address (P.O. Box Number is Not Acceptable): 1858 SE Port St. Lucie Blvd.
City: Port St. Lucie FL Zip Code: 34952

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: Diana Goldman, Registered Agent 04/24/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	☐ Delete
NAME	DE BORTOLI, SYLVIO	
STREET ADDRESS	1104 SE WESTCHESTER DRIVE	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Delete
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CITY-ST-ZIP		

10.	ADDITIONS/CHANGES	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Sylvio deBortoli 04/11/07 772 349 7771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #