2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000002744

1. Entity Name
GONZALEZ SOUTH, LLC

Principal Place of Business	Mailing Address
100 SOUTH POINTE DRIVE 3607 MIAMI BEACH, FL 33139 US	100 SOUTH POINTE DRIVE 3607 MIAMI BEACH, FL 33139 US
2. Principal Place of Business	**3. Mailing Address**
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country

03272006   Chg-LLC   CR2E083 (11/05)

4. FEI Number 20-2140212   Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GONZALEZ, DOMINGO 100 SOUTH POINTE DRIVE 3607 MIAMI BEACH, FL 33139	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL __ 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 _____

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGRM NAME GONZALEZ, DOMINGO STREET ADDRESS 100 SOUTH POINTE DRIVE, SUITE 3607 CITY-ST-ZIP MIAMI BEACH, FL 33139	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE MGRM NAME GONZALEZ, JUDY STREET ADDRESS 100 SOUTH POINTE DRIVE, SUITE 3607 CITY-ST-ZIP MIAMI BEACH, FL 33139	☐ 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
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

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: _____ DOMINGO GONZALEZ 3/24/06 _____ 305-6721338

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #