

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90364 009 \*\*\*\*50.00

<b>DOCUMENT # L05000084489</b>					
<b>1. Entity Name</b> JOSE GUADELUPE RIVER LLC					
<b>Principal Place of Business</b> 1475 WOODLAKE DRIVE SUITE K 173 LAKELAND, FL 33803 US			<b>Mailing Address</b> 1475 WOODLAKE DRIVE SUITE K 173 LAKELAND, FL 33803 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 1475 Woodlake Dr.		<b>3. Mailing Address</b> 1475 Woodlake Dr.			
Suite, Apt. #, etc. G 210		Suite, Apt. #, etc. G 210			
City & State Lakeland FL		City & State Lakeland FL			
Zip 33803		Country US		04112007 Chg-LLC CR2E083 (12/06)	
<b>4. FEI Number</b> 20-3368675				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b> RIVER, JOSE GUADELUPE 1475 WOODLAKE DRIVE SUITE K 173 LAKELAND, FL 33803	
<b>7. Name and Address of New Registered Agent</b> Name: Jose Guadalupe Rivera Street Address (P.O. Box Number is Not Acceptable): 1475 Woodlake Dr. G 210 City: Lakeland FL Zip: 33803				<b>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.</b> SIGNATURE: <u>T. Guadalupe Rivera</u> DATE: <u>4/26/07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RIVERA, JOSE GUADELUPE 2304 CRYSTAL PARK S LAKELAND, FL 33801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLORES, GONSALO TERAN 2304 CRYSTAL PARK SOUTH LAKELAND, FL 33801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Jose Ignacio Rivera 1475 Woodlake Dr. G 210 Lakeland FL 33803 <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLORES, GONSALO TERAN 2304 CRYSTAL PARK S LAKELAND, FL 33801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Pedro Espinoza Rivera 1475 Woodlake Dr G 210 Lakeland FL 33803 <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLORES, GONSALO TERAN 2304 CRYSTAL PARK S LAKELAND, FL 33801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLORES, GONSALO TERAN 2304 CRYSTAL PARK S LAKELAND, FL 33801	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>T. Guadalupe Rivera</u>			DATE: <u>4/26/07</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					