


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90173 032 \*\*\*\*50.00

<b>DOCUMENT # L05000110341</b>					
<b>1. Entity Name</b> LAW OFFICE OF GONZALEZ AND ASSOCIATES, LLC					
<b>Principal Place of Business</b> 10850 SW 113 PLACE, STE. 214 MIAMI, FL 33176			<b>Mailing Address</b> 10850 SW 113 PLACE, STE. 214 MIAMI, FL 33176		
<b>2. Principal Place of Business - No P.O. Box #</b> 5999 Biscayne Blvd		<b>3. Mailing Address</b> 5999 Biscayne Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05142007    Chg-LLC    CR2E083 (12/06)	
<b>City &amp; State</b> MIAMI FL		<b>City &amp; State</b> MIAMI, FL		<b>4. FEI Number</b> 20-3789954	
<b>Zip</b> 33137		<b>Country</b> USA		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b>		<input type="checkbox"/> \$5.00 Additional Fee Required			
<b>6. Name and Address of Current Registered Agent</b> GONZALEZ, NEIL 10850 SW 113 PLACE, STE. 214 MIAMI, FL 33176			<b>7. Name and Address of New Registered Agent</b> Name: NEIL GONZALEZ Street Address (P.O. Box Number is Not Acceptable): 5999 Biscayne Blvd City: MIAMI FL Zip Code: 33137		
<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: 			DATE: 5/14/07		
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, NEIL 10850 SW 113 PLACE, STE. 214 MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	5999 Biscayne Blvd MIAMI FL 33137
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<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> 			Date: 5/14/07    Daytime Phone #: (305) 758 7774		