


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 02, 2007 8:00 am
Secretary of State

07-02-2007 90092 008 ****50.00

DOCUMENT # L06000003082	
1. Entity Name GONZALEZ & OSORIO, LLC	

Principal Place of Business 4751 SW 42ND TERRACE FT. LAUDERDALE FL 33314	Mailing Address P.O. BOX 83-3985 HOLLYWOOD FL 33083
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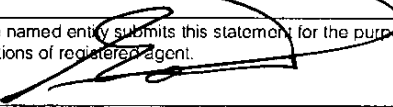


2. Principal Place of Business - No P.O. Box # 1001 N. FEDERAL HWY	3. Mailing Address Suite, Apt. #, etc. 351
City & State HALANDRA, FL	City & State HALANDRA, FL
Zip 33009	Country BROWARD

1st MOORE CR2E083 (10/06)

4. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	FF Number 208086477	Applied For <input type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent GONZALEZ, EDWARD F 4751 SW 42ND TERRACE FT. LAUDERDALE FL 33314		7. Name and Address of New Registered Agent 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  DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GONZALEZ, EDWARD F 4751 SW 42ND TERRACE FT. LAUDERDALE FL 33314 <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 OSORIO, MARTHA L 1840 SW 85TH COURT MIAMI FL 33155 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

6/15/07 **305**
801-3361