


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L06000025170**

1. Entity Name  
**ALONSO GOMEZ PROPERTIES I, LLC**



Principal Place of Business      Mailing Address  
**7865 NW 66 STREET**      **7865 NW 66 STREET**  
**MIAMI FL 33166**      **MIAMI FL 33166**



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

1st MOORE      CR2E083 (10/07)

**6. Name and Address of Current Registered Agent**

**GOMEZ, NESTOR JR.**  
**7865 NW 66 STREET**  
**MIAMI FL 33166**

**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: Type or printed name of registered agent and the filer (if filer) (NOTE: Registered Agent's signature required when filing) (NOTE: Registered Agent's signature required when filing)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | <b>MGRM</b>              | <input type="checkbox"/> Delete |
| NAME           | <b>GOMEZ, NESTOR</b>     |                                 |
| STREET ADDRESS | <b>7865 NW 66 STREET</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33166</b>    |                                 |
| TITLE          | <b>MGRM</b>              | <input type="checkbox"/> Delete |
| NAME           | <b>ALONSO, JULIO</b>     |                                 |
| STREET ADDRESS | <b>7865 NW 66 STREET</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL 33166</b>    |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE          |                          | <input type="checkbox"/> Delete |
| NAME           |                          |                                 |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

**10. ADDITIONS / CHANGES**

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

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04/08/08-80085-025-138.75

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:** *Nestor Gomez*      **NESTOR GOMEZ**  
**PRESTIDENT**      **3/20/08**      **(305) 903-2121**

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