Apr. 20. 2007 8:01AM Cesar F. Baro & Co.

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State
04-27-2007 90024 024 ****50.00

DOCUMENT # L06000026774

1. Entity Name
GASTRO PARTNERS LLC

Principal Place of Business	Mailing Address
715 OAK COMMONS BOULEVARD KISSIMMEE, FL 34741	715 OAK COMMONS BOULEVARD KISSIMMEE, FL 34741

0004101

04182007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
710 Oak Commons Blvd	710 Oak Commons Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Kissimmee FL	City & State: Kissimmee FL
Zip: 34741 Country: USA	Zip: 34741 Country: USA

4. FEI Number: 20-4492510 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LATEEF, KHALID M.D.
715 OAK COMMONS BOULEVARD
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent

Name: Lateef Khalid MD
Street Address (P.O. Box Number Is Not Acceptable): 710 Oak Commons Blvd
City: Kissimmee FL Zip Code: 34741

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, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ul ISLAM, M. SIRAJ 715 OAK COMMONS BOULEVARD KISSIMMEE, FL 34741	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UL Islam, M. Siraj 710 Oak Common Blvd Kissimmee FL 34741	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: ______________________________ 4/25/07 4078466747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Jaime M. Rivero, MD Sec/Treasurer