

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027951

FILED
Feb 20, 2007
Secretary of State

Entity Name: GONSALVES & ASSOCIATES, L.L.C.

Current Principal Place of Business:

5409 CLOUDS PEAK DRIVE
LUTZ, FL 33558

New Principal Place of Business:

4012 GUNN HWY
STE 165
TAMPA, FL 33618

Current Mailing Address:

5409 CLOUDS PEAK DRIVE
LUTZ, FL 33558

New Mailing Address:

4012 GUNN HWY
STE 165
TAMPA, FL 33618

FEI Number: 20-4397452

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONSALVES, SHERRI
5409 CLOUDS PEAK DRIVE
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GONSALVES, SHERRI
Address: 5409 CLOUDS PEAK DRIVE
City-St-Zip: LUTZ, FL 33558

Title: MGR () Delete
Name: GONSALVES, MARK
Address: 5409 CLOUDS PEAK DRIVE
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SHERRI GONSALVES

MGR

02/20/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date