

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000027951

FILED  
Jan 26, 2008  
Secretary of State

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

**Current Principal Place of Business:**

4012 GUNN HWY  
STE 165  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

4012 GUNN HWY  
STE 165  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 20-4397452

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

GONSALVES, SHERRI  
4302 GUNN HWY #1308  
TAMPA, FL 33618 US

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: SHERRI GONSALVES

01/26/2008

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: MGR (X) Change ( ) Addition  
Name: GONSALVES, SHERRI  
Address: 4302 GUNN HWY #1308  
City-St-Zip: TAMPA, FL 33618

Title: MGR (X) Change ( ) Addition  
Name: GONSALVES, MARK  
Address: 4302 GUNN HWY #1308  
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify 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

01/26/2008

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