2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035508

Entity Name: GONZACAS LLC

City-St-Zip:

PORT SAINT LUCIE, FL 34953

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2121 PONCE DE LEON BLVD. SUITE 240 CORAL GABLES, FL 33134 **Current Mailing Address: New Mailing Address:** 538 SW NADELL AVE PORT SAINT LUCIE, FL 34953 FEI Number: 71-1003720 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GONZALEZ, BETTY 538 SW NADELL AVE PORT SAINT LUCIE, FL 34953 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete GONZALEZ, BETTY Name: Name: Address: 538 SW NADELL AVE Address: City-St-Zip: PORT SAINT LUCIE, FL 34953 City-St-Zip: Title: MGR () Delete Title: () Change () Addition CASTANEDA, NESTOR Name: Name: Address: 538 SW NADELL AVE Address: City-St-Zip: PORT SAINT LUCIE, FL 34953 City-St-Zip: Title: MGR () Delete Title: () Change () Addition ZAMBRANO, MIGUEL Name: Name: Address: 538 SW NADELL AVE Address:

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.

City-St-Zip:

SIGNATURE: BETTY GONZALEZ P 04/15/2009