## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

			•				F-11 -			
DOCUMENT # L06000037719  1. Entity Name GILCHRIST ESTATES, LLC						07 (	FILEE MAY - I AM MASSEE, F AMASSEE, F			
Principal Place of Business Mailing Address						1441	AHASSEE F	I ODINA		
10067 PINE			10067 PINES BOULEVARD				, .	CNUL		
SUITE A			SUITE A							
PEMBROKE I	3308	PEMBROKE PINES, FL.:	EMBROKE PINES, FL 33308					HB16 (B1)		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address				OBIJA BIKIL DEDIK ODJIK BOK	-		
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Suite, Apt. #, etc.			Suite, Apt. #, etc.			04202007	Chg-LLC	CR2E083 (1:	2/06)	
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Zip	Zip Country		Zip Coun		ntry	y E Costificato		□ \$5.0	0 Addi	itional
						5. Certificate of Status Desired				<u> </u>
	6. Name	and Address of Current R				7. Name and Address of New Registered Agent				
					Name					
FRED RAMIREZ, P.A.				Street Address (P.O. Box Number is Not Acceptable)						
10067 PINES BOULEVARD SUITE A				,	Chiect Address (1.0. Dox Humber is Not Addresse)					
PEMBROKE PINES, FL 33308										
					City			FL Zi	p Code	
		<u></u> .			<u> </u>			FL		
			the purpose of changing its i	egister	ed office or register	ed agent, or bot	h, in the State of Flo	orida. I am familia	r with, a	and accept
the obligat	ions of regist	ereo agent.								
SIGNATURE .							<del> </del>	DATE		
	Signature, lyped	or printed name of registered agent ar	nd little if applicable. (NOTE:	Registere	d Agent signature required	when reinstating)		DAIL		
	iling Fee I ue by May					Make check payable to Florida Department of State				
9.		MANAGING MEMBER	S/MANAGERS	10.			ADDITIONS,	CHANGES		-
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		information europlied with	this filing does not qualify for			in Chapter 119	Florida Statutes. I fi	urther certify that to	ne infor	mation
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indicated	on this repor	t is true and accurate and t	hat my signature shall have the	he sam	e legal effect as if m	nade under oath	that I am a manag	ging member or m	anager	of the
indicated	on this repor	t is true and accurate and t	hat my signature shall have the empowered to execute this re	he same eport as	e legal effect as if m	nade under oath	; that I am a manaç Statutes.	ging member or m	anager	of the
Indicated limited lia	on this report bility compar	t is true and accurate and t	hat my signature shall have the	he same eport as	e legal effect as if m	nade under oath	Statutes.	4.5.4	_	r of the
indicated	on this report bility compar	t is true and accurate and the receiver or trustee	hat my signature shall have the	eport as	e legal effect as if m s required by Chapt	nade under oath ter 608, Florida S	Statutes.	436-0	_	r of the