

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000041411

Entity Name: GIMEL TAX 23, LLC

FILED  
Mar 27, 2007  
Secretary of State

**Current Principal Place of Business:**

18405 BISCAYNE BLVD., SUITE 400  
AVENTURA, FL 33160

**New Principal Place of Business:**

18305 BISCAYNE BLVD.  
SUITE 400  
AVENTURA, FL 33160 US

**Current Mailing Address:**

C/O MLHM, INC.  
DEPT 5193  
BIRMINGHAM, AL 352875193

**New Mailing Address:**

C/O MLHM  
PO BOX 102545  
ATLANTA, GA 303682545 US

FEI Number: 20-4843415

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MARKS, DEBORAH  
999 BRICKELL BAY DRIVE, SUITE 1809  
MIAMI, FL 33131 US

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

MARKS, DEBORAH ESQ.  
999 BRICKELL BAY DRIVE  
SUITE 1809  
MIAMI, FL 33131 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: DEBORAH MARKS

03/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: AGRAMONTE, BEATRIZ  
Address: 18305 BISCAYNE BLVD., SUITE 400  
City-St-Zip: AVENTURA, FL 33160

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: AGRAMONTE, BEATRIZ  
Address: 18305 BISCAYNE BLVD., SUITE 400  
City-St-Zip: AVENTURA, FL 33160 US

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: BEATRIZ AGRAMONTE

MGRM

03/27/2007

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