

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 26, 2007 8:00 am
Secretary of State

05-02-2007 90354 011 ****50.00

DOCUMENT # L06000043389 1. Entity Name GILSON PROPERTIES II, LLC																																																																	
Principal Place of Business P.O. BOX 267892 WESTON, FL 33326			Mailing Address P.O. BOX 267892 WESTON, FL 33326																																																														
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																															
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																															
City & State		City & State																																																															
Zip	Country	Zip	Country																																																														
5. Name and Address of Current Registered Agent INTREPID REGISTERED AGENT SERVICES INC. ONE INDEPENDENT DRIVE, STE. 1200 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Sonia Fero Street Address (P.O. Box Number is Not Acceptable) 527 Talavera Rd. City Weston FL Zip Code 33326																																																													
4. FEI Number 20-5068396 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>																																																																	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																	
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																	
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 01/May/07 <small>(NOTE: Registered Agent signature required when re-issuing)</small>																																																															
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">MANAGING MEMBERS / MANAGERS</th> <th colspan="3" style="text-align: left;">ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 40%;">NAME</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-ST-ZIP</td> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">NAME</td> </tr> <tr> <td></td> <td>Gilbert Fernandez</td> <td>PO Box 267892</td> <td>Weston FL 33326</td> <td></td> <td>Manager</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Sonia Fero</td> <td>Same as Above</td> <td></td> <td></td> <td>Manager</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						MANAGING MEMBERS / MANAGERS			ADDITIONS/CHANGES			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME		Gilbert Fernandez	PO Box 267892	Weston FL 33326		Manager								Sonia Fero	Same as Above			Manager																														
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date 01/May 07 Daytime Phone # 954 817 2088																																																													

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