2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 08, 2007
Secretary of State

DOCUMENT# L06000044247

Entity Name: GONZALEZ & MARRIAGA PL

Current Principal Place of Business:

1199 ALICANTE AVE
ORLANDO, FL 32807

New Principal Place of Business:

150 N. ORANGE AVE,
404
ORLANDO, FL 32801

Current Mailing Address:

1199 ALICANTE AVE
ORLANDO, FL 32807

New Mailing Address:

150 N. ORANGE AVE,
404
ORLANDO, FL 32801

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALEJANDRO, MARRIAGA
1199 ALICANTE AVE
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

ALEJANDRO, MARRIAGA
150 N. ORANGE AVE,
ORLANDO, FL 32801 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: 07/08/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MARRIAGA, ALEJANDRO L
Address: 1199 ALICANTE AVE
City-St-Zip: ORLANDO, FL 32807

Title: MGRM ( ) Delete
Name: GONZALEZ, MIGUEL
Address: 9845 OSPREY LANDING DRIVE
City-St-Zip: ORLANDO, FL 32832

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ALEJANDRO L. MARRIAGA MM 07/08/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date