
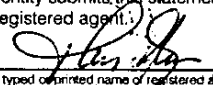


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 22, 2007 8:00 am**  
**Secretary of State**

03-22-2007 90176 033 \*\*\*\*50.00

<b>DOCUMENT # L06000084906</b> 1. Entity Name <b>GONDRI ASSOCIATES, LLC</b>					
Principal Place of Business <b>5321 NORMAN ELAINE LANE ROAD</b> <b>WEST PALM BEACH, FL 33417</b>			Mailing Address <b>5321 NORMAN ELAINE LANE ROAD</b> <b>WEST PALM BEACH, FL 33417</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number <b>20-5508987</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				03152007 Chg-LLC CR2E083 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> <b>DONELON, THOMAS</b> <b>515 N. FLAGLER DRIVE, SUITE 300-P</b> <b>WEST PALM BEACH, FL 33401</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>7711 N. MILITARY TRAIL #203</b> Street Address (P.O. Box Number is Not Acceptable) City <b>PALM BEACH GARDENS FL</b> Zip Code <b>33410</b>		
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  <b>THOMAS DONELON</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>GONDRI, JESUS</b> <b>5321 NORMAN ELAINE LANE ROAD</b> <b>WEST PALM BEACH, FL 33417</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: 