

# 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000041994

FILED  
Sep 22, 2009  
Secretary of State

Entity Name: GUTIERREZ RESNICK PROPERTIES L.L.C

**Current Principal Place of Business:**

2700 BAY AVE.  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

2700 BAY AVE.  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 77-0682425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RESNICK, ANDREW J  
2700 BAY AVE.  
MIAMI BEACH, FL 33140 US

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

VONBUELOW, ANGELA  
2700 BAY AVE.  
MIAMI BEACH, FL 33140 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: ANGELA VONBUELOW

09/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GUTIERREZ, ARMANDO JR.  
Address: 1201 BRICKELL AVE. , SUITE 320  
City-St-Zip: MIAMI, FL 33131

Title: MGR ( ) Delete  
Name: RESNICK, ANDREW J  
Address: 2700 BAY AVE.  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: GUTIERREZ SR., ARMANDO SR  
Address: 3171 SW 8 ST.  
City-St-Zip: MIAMI, FL 33131

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: ARMANDO G SR

MGR

09/22/2009

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