

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90094 009 ***143.75

60004868



01252008 Chg-LLC CR2E083 (12/06)

4. FEI Number **267085830** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

DOCUMENT # L07000052533
 1. Entity Name
GILBERT PARKING, LLC.



Principal Place of Business
**15516 BISCAYNE BLVD.
 NORTH MIAMI, FL 33160**

Mailing Address
**15516 BISCAYNE BLVD.
 NORTH MIAMI, FL 33160**

2. Principal Place of Business - No P.O. Box #
151 NE FIRST STREET

3. Mailing Address
170 NE FIRST STREET

Suite, Apt. #, etc.

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33132

Country
US

Zip
33132

Country
US

6. Name and Address of Current Registered Agent
**SCHWARTZ, JAY D
 15516 BISCAYNE BLVD.
 NORTH MIAMI, FL 33160**

7. Name and Address of New Registered Agent
 Name **MICHAEL MEYERS**
 Street Address (P.O. Box Number is Not Acceptable)
170 NE FIRST STREET
 City **MIAMI** FL **33132**

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 **MICHAEL MEYERS** **MEMBER** **1/24/08**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to:
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCHWARTZ, JAY D 15516 BISCAYNE BLVD. NORTH MIAMI, FL 33160	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MICHAEL MEYERS 170 NE 1ST STREET MIAMI FL 33132	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **MICHAEL MEYERS** **MEMBER** **1/24/08** **305-358-7228**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #