


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000016420
 1. Entity Name
GAVINO INVESTMENTS, L.L.C.



Principal Place of Business Mailing Address
230 SOUTH DIXIE HWY. **230 SOUTH DIXIE HWY.**
BOCA RATON, FL 33432 **BOCA RATON, FL 33432**

DO NOT WRITE IN THIS SPACE



01112005 No Chg-LLC CR2E083 (10/03)

4. FEI Number
81-0565247 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
GAVINO, VIRGINIA B
230 SOUTH DIXIE HWY.
BOCA RATON, FL 33432

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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 _____ DATE _____
Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reestablishing)

Filing Fee is \$50.00
Due by May 1, 2005

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAVINO, UGO 230 SOUTH DIXIE HWY. BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAVINO, VIRGINIA B 230 SOUTH DIXIE HWY. BOCA RATON, FL 33432
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *[Signature]* **Date:** 2-14-05 **Daytime Phone #:** (561) 395-7731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE