

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000018948**

1. Entity Name  
 AGI, LLC



Principal Place of Business  
 5551 HANCOCK ROAD  
 SOUTHWEST RANCHES, FL 33330

Mailing Address  
 5551 HANCOCK ROAD  
 SOUTHWEST RANCHES, FL 33330

**DO NOT WRITE IN THIS SPACE**



04212008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0947007	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

IRIBAR, MANUEL  
 5551 HANCOCK ROAD  
 SOUTHWEST RANCHES, FL 33330

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

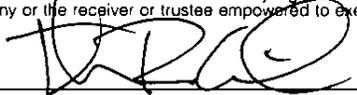
**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IRIBAR, MANUEL 5551 HANCOCK ROAD SOUTHWEST RANCHES, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000921305  
 05/15/08-80001-012 138.75

**DO NOT WRITE IN THIS SPACE**

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

Date: 4/22/08 **Date**

Daytime Phone # \_\_\_\_\_ **Daytime Phone #**