#### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### DOCUMENT # L05000119976



Principal Place of Business

Moiling Addross

888 S.E. 3RD AVE., SUITE 501 FT. LAUDERDALE, FL 33316

GILLÍS INVESTMENTS, LLC

888 S.E. 3RD AVE., SUITE 501 FT. LAUDERDALE, FL 33316

### FILED Jul 31, 2008 08:00 AM Secretary of State



07152008 No Chg-LLC

CR2E083 (12/07)

FEI Number
 14-1944769

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FORMAN, M. AUSTIN 888 S.E. 3RD AVE., SUITE 501 FT. LAUDERDALE, FL 33316

# DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of change the obligations of registered agent.</li></ol>	ing its registered office or registered agent, or bo	th, in the State of Florida. I am	familiar with, and accept
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 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

J.	MANAGINA INEMBERA/MANAGERA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FORMAN, M. AUSTIN 888 S.E. 3RD AVE., SUITE 501 FT. LAUDERDALE, FL 33316
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

MANAGING MEMBERS/MANAGERS

U00000956769 07/31/08-80004-002 138.75

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplies 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 account and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the regeiver or fusted 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

117/08

Daylane Phone #