

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 06, 2008 8:00 am**  
**Secretary of State**

08-06-2008 90030 021 \*\*\*138.75

**DOCUMENT # L06000077023**

1. Entity Name  
**WORKGIANT INVESTMENT GROUP, LLC.**



Principal Place of Business      Mailing Address

**11613 PLANTATION PRESERVE CIR**      **11613 PLANTATION PRESERVE CIR**  
**FORT MYERS, FL 33912 US**      **FORT MYERS, FL 33912 US**

**50009061**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**1156 LAKELAND CIRCLE**      **1156 LAKELAND CIRCLE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



07312008    Chg-LLC    CR2E083 (12/06)

City & State      City & State

**FORT MYERS**      **FORT MYERS**

Zip      Country      Zip      Country

**33913**      **US**      **33913**      **US**

4. FEI Number      Applied For

**20-5356401**      Not Applicable

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

6. Name and Address of Current Registered Agent

**SOUTHWEST PROFESSIONAL SERVICES OF S FL IN**  
**13571 MCGREGOR BLVD #22**  
**FORT MYERS, FL 33919**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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.

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WALLEN, MARK	
STREET ADDRESS	11613 PLANTATION PRESERVE CIR	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	IAVARONI, RICHARD	
STREET ADDRESS	13202 HEATHER RIDGE LOOP	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	COURT, JASON	
STREET ADDRESS	11156 LAKELAND CIR	
CITY-ST-ZIP	FORT MYERS, FL 33913	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	COURT, LYNN	
STREET ADDRESS	10480 WASHINGTONIA PALM WAY #1138	
CITY-ST-ZIP	FORT MYERS, FL 33966	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	COURT, AMY	
STREET ADDRESS	3275 LENOX RD #202	
CITY-ST-ZIP	ATLANTA, GA 30324	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	TYSON, JEFF	
STREET ADDRESS	P.O. BOX 08298	
CITY-ST-ZIP	FORT MYERS, FL 33908	

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>10023 VIA SAN MARCO LOOP</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33905</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>10391 BUTTERFLY PALM DR #1044</b>	
CITY-ST-ZIP	<b>FORT MYERS, FL 33966</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Jason Court*      Date: 8-4-08      Daytime Phone #: 239-340-8079

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