

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90577 043 ****50.00

DOCUMENT # L00000011483
1. Entity Name
FSG INVESTMENTS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3050 UNIVERSAL BLVD. Suite, Apt. #, etc. SUITE 100 City & State WESTON, FL Zip 33331		Country U.S.A.		3. Mailing Address 3050 UNIVERSAL BLVD. Suite, Apt. #, etc. SUITE 100 City & State WESTON, FL Zip 33331		Country U.S.A.	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1153031	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name JOSEPH BYRNES
Street Address (P.O. Box Number is Not Acceptable) 3050 UNIVERSAL BLVD. SUITE 100
City WESTON
State FL
Zip Code 33331

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOSEPH P. BYRNES 3050 UNIVERSAL BLVD., SUITE 100 WESTON, FL 33331
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-1-02 954-385-0000

CR2F0R3R (12/01)