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May 22, 2008 8:00 am
Secretary of State
05-01-2008 90018 004 ***138.75

5/1

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000011483

1. Entity Name
FSG INVESTMENTS, LLC

Principal Place of Business	Mailing Address
3050 UNIVERSAL BLVD., SUITE 100 WESTON, FL 33331	3050 UNIVERSAL BLVD., SUITE 100 WESTON, FL 33331

30007060

DO NOT WRITE IN THIS SPACE

04232008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
65-1153031
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BYRNES, JOSEPH
3050 UNIVERSAL BLVD., SUITE 100
WESTON, FL 33331

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BYRNES, JOSEPH P
STREET ADDRESS	3050 UNIVERSAL BLVD., #100
CITY-ST-ZIP	WESTON, FL 33331
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Joseph P. Byrnes 5-19-08 954-385-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #