


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90209 050 \*\*\*\*50.00

<b>DOCUMENT # L01000018564</b> 1. Entity Name <b>AGI HOLDINGS, LLC</b>					
Principal Place of Business <b>1320 NW 161 AVE</b> <b>PEMBROKE PINES, FL 33028 US</b>			Mailing Address <b>1320 SW 161 AVE</b> <b>PEMBROKE PINES, FL 33028 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>174 N.E. 96th Street</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>Miami Shores, FL</b>		02142007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number <b>65-1147713</b>	
Zip <b>33138</b>		Country <b>U.S.A</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
<b>PBA FINANCIAL SERVICES CORP</b> <b>174 NE 96 ST</b> <b>MIAMI, FL 33138</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE <b>2/14/07</b>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE <b>MGR</b> <input type="checkbox"/> Delete NAME <b>LAMARINO, ANTONIO G</b> STREET ADDRESS <b>1320 NW 161 AVE</b> CITY-ST-ZIP <b>PEMBROKE PINES, FL 33028</b>				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 registered agent or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>Antonio Lamarino / Pm.</b> <b>2/14/07</b> <b>305.431-9384</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					