


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000016420**

1. Entity Name  
**GAVINO INVESTMENTS, L.L.C.**



Principal Place of Business      Mailing Address

**230 SOUTH DIXIE HWY.  
BOCA RATON, FL 33432**      **230 SOUTH DIXIE HWY.  
BOCA RATON, FL 33432**

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-LLC      CR2E083 (10/03)

4. FEI Number      Applied For  
**81-0565247**      Not Applicable

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

6. Name and Address of Current Registered Agent

**GAVINO, VIRGINIA B  
230 SOUTH DIXIE HWY.  
BOCA RATON, FL 33432**

**DO NOT WRITE IN THIS SPACE**

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!

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAVINO, UGO 230 SOUTH DIXIE HWY. BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAVINO, VIRGINIA B 230 SOUTH DIXIE HWY. BOCA RATON, FL 33432
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02/11/04-60072-010 50.00

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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]*      **2-9-04 (561) 395-7731**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #