

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000016420

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



Principal Place of Business
230 SOUTH DIXIE HWY.
BOCA RATON, FL 33432

Mailing Address
230 SOUTH DIXIE HWY.
BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

**FILED
Jan 14, 2008 8:00 am
Secretary of State**

01-14-2008 90051 002 ***138.75



01072008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 81-0565247	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME GAVINO, UGO
STREET ADDRESS 230 SOUTH DIXIE HWY.
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE MGRM
NAME GAVINO, VIRGINIA B
STREET ADDRESS 230 SOUTH DIXIE HWY.
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

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

1-8-08 (561) 395-7731
Daytime Phone #