


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 25, 2004 8:00 am
Secretary of State

08-25-2004 90042 019 ****50.00

DOCUMENT # L03000024126	
1. Entity Name GINO INVESTMENT, LLC	

Principal Place of Business 1201 SOUTH POWERLINE ROAD, UNIT 275 POMPANO BEACH, FL 33069	Mailing Address 1201 SOUTH POWERLINE ROAD, UNIT 275 POMPANO BEACH, FL 33069
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2. Principal Place of Business 4227 NE 6 Ave	3. Mailing Address 4227 NE 6 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.



07272004 Chg-LLC CR2E083 (10/03)

City & State Oakland Park FL	City & State Oakland Park FL
Zip 33334	Zip 33334
Country USA	Country USA

4. FEI Number 65-1018496	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 8, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INNES, GARY J 1201 SOUTH POWERLINE ROAD, UNIT 275 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 702 Gardens Dr #205 Pompano Bch FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OGREN, NATHAN K 1201 SOUTH POWERLINE ROAD, UNIT 275 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6800 NW 21 Terrace Ft Lauderdale FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S OGREN, NATHAN K 1201 SOUTH POWERLINE ROAD, UNIT 275 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6800 NW 21 Terrace Ft Lauderdale FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T INNES, GARY J 1201 SOUTH POWERLINE ROAD, UNIT 275 POMPANO BEACH, FL 33069 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 702 Gardens Dr #205 Pompano Bch FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE 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 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:  **8/13/04** **(954) 605-7562**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #