

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

01-22-2007 90147 014 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**DOCUMENT # L03000043922**  
 1. Entity Name  
**A.G. INVESTMENT ENTERPRISES, L.L.C.**



<b>Principal Place of Business</b> C/O ANGELA A. GOMEZ 747 PONCE DE LEON BOULEVARD, SUITE 606 CORAL GABLES, FL 33134	<b>Mailing Address</b> C/O ANGELA A. GOMEZ 747 PONCE DE LEON BOULEVARD, SUITE 606 CORAL GABLES, FL 33134
---	---

**DO NOT WRITE IN THIS SPACE**



01122007 No Chg-LLC CR2E083 (11/05)

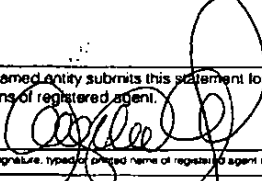
4. FEI Number 20-0383363	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, ANGELA  
 747 PONCE DE LEON BLVD. STE. 606  
 CORAL GABLES, FL 33134

**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:  \*NO CHANGE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

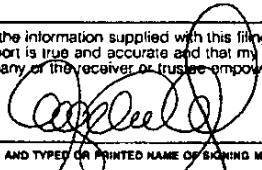
**Filing Fee is \$50.00  
 Due by May 1, 2007**

**D. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOMEZ, ANGELA A 747 PONCE DE LEON BOULEVARD, SUITE 606 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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:  2/19/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #