


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 04, 2005 8:00 am
Secretary of State

02-01-2005 90129 001 ****50.00
 02-01-2005 90129 002 *****5.00

DOCUMENT # L04000011054
 1. Entity Name
LRG INVESTMENTS, LLC



Principal Place of Business Mailing Address
3120 EAST STATE ROAD 60 **3120 EAST STATE ROAD 60**
VALRICO FL 33594 **VALRICO FL 33594**
US **US**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEJ Number
Applied For Applied For
 Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

~~GONZALEZ, LEROY JR.~~ Name
3120 EAST STATE ROAD 60 Street Address (P.O. Box Number is Not Acceptable)
VALRICO FL 33594 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 re-issuing) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, LEROY JR. 3120 EAST STATE ROAD 60 VALRICO FL 33594 <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
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
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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: *Leroy Gonzalez Jr.* Date: *2-28-05* Daytime Phone #: *813-681-1646*