2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

FILED Jan 24, 2007 08:00 AN Secretary of State

		ILL: VILI		Juli 2 19, 2007 00100
DOCUMENT # L0400066023 1. Entity Name GONG INVESTMENTS LLC				Secretary of Sta
Principal Plac	e of Business	Mailing Address		
P.O. BOX 10	08	P.O. BOX 1008		
APOPKA, FL		APOPKA, FL 32704		
			<u>سويا</u> - ا	
				01092007 No Chg-LLC
DO NOT WRITE IN THIS SPACE			CE	4 FFI Number Applied For
			~=	4. FEI Number Applied For 20-1600611 Not Applicable
				Certificate of Status Desired \$5.00 Additional Fee Required
	6. Name and Address of Current R	enistered Agent	1	
	2. 4.44.4 dita 144.4 day 21 day 14.4	- Santarou - Sant	1	
SPEIGEL, HOWARD A				DO NOT WOITE
1133 LOUISIANA AVE.,			8	DO NOT WRITE
#214				IN THE COACE
WINTER PARK, FL 32789				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.				
DICAMATERS.				
SIGNATURE				
Filing Fee is \$50.08				
Đ	ue by May 1, 2007			
				<u> </u>
9	MANAGING MEMBER	S/MANAGERS	1	
RITLE	MGR			
NAME	GONG, HENRY			
STREET ADDRESS	P.O. BOX 1008			
CITY-ST-Z/P	APOPKA, FL 32708			
TITE			1	1155555555
NAME				000000600524 01/26/07-80013-018 55.00
STREET ADDRESS				01/26/07-80013-018 55.00
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CHTY-ST-ZIP				
11. I berehu :	certify that the information supplied with	this filling does not qualify for the e	xemotions conteins	rd in Chapter 119. Florida Statutes, I further certify that the information
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.				

OR AUTHORIZED REPRESENTATIVE