

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2005 8:00 am**  
**Secretary of State**

02-04-2005 90100 019 \*\*\*\*\*55.00

**DOCUMENT # L04000082664**

1. Entity Name

LMG INVESTMENTS LLC



Principal Place of Business

1243 W 78 ST  
HIALEAH FL 33014

Mailing Address

1243 W 78 ST  
HIALEAH FL 33014

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2246297

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, LUIS M  
1243 W 78 ST  
HIALEAH FL 33014

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/05

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR
STREET ADDRESS	EDANIA GONZALEZ
CITY-ST-ZIP	1243 W. 78 ST. HIALEAH, FL. 33014
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR
STREET ADDRESS	LUIS M. GONZALEZ JR
CITY-ST-ZIP	1243 W. 78 ST. HIALEAH, FL. 33014
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR
STREET ADDRESS	SOFIA GONZALEZ
CITY-ST-ZIP	1243 W. 78 ST HIALEAH, FL. 33014
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MGR
STREET ADDRESS	LUIS GONZALEZ
CITY-ST-ZIP	1243 W. 78 ST. HIALEAH, FL. 33014
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** Luis Gonzalez MGR 1/30/05 786-367-0777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #