

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

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 - No P.O. Box # 13815 Fairway Island Dr.		3. Mailing Address 13815 Fairway Island Dr.			
Suite, Apt. #, etc. # 1328		Suite, Apt. #, etc. # 1328		01252007 REIN-LLC CR2E101 (1/07)	
City & State ORLANDO, FL.		City & State ORLANDO, FL.		4. FEI Number 20-2246297	
Zip 32837		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$200.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, DANIA 1243 W 78 STREET HIALEAH, FL 33014	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300084578523 02/22/07--01008--024 **65.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, LUIS M JR 1243 W 78 ST HIALEAH, FL 33014	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300084578523 01/23/07--01004--015 **135.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GONZALEZ, SOFIA 1243 W 78 ST HIALEAH, FL 33014	<input checked="" 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	MGR GONZALEZ, LUIS 1243 W 78 ST HIALEAH, FL 33014	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 06-07	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition AL	
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:			Date: 2/12/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone #		