


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90212 008 ****50.00

DOCUMENT # L05000027939 1. Entity Name GARY'S RETIREMENT INVESTMENT, LLC	
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Principal Place of Business <i>420 COLUMBIA DR</i> 500 VILLAGE BLVD., SUITE 335 WEST PALM BEACH, FL 33409	Mailing Address <i>500 VILLAGE BLVD., SUITE 335 420 COLUMBIA DR</i> WEST PALM BEACH, FL 33409
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03022007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number 20-2543778	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SELLARI, GARY B 500 VILLAGE BLVD., SUITE 335 WEST PALM BEACH, FL 33409 <i>420 COLUMBIA DR</i> <i>STE 110</i>
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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 <i>Gary Sellari (GARY SELLARI)</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <i>3/4/07</i>

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SELLARI, GARY B 500 VILLAGE BLVD., SUITE 335 WEST PALM BEACH, FL 33409 <i>420 COLUMBIA DR</i> <i>STE 110</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: <i>Gary Sellari (GARY SELLARI)</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <i>3/4/07</i> (561) 6861110 <small>Daytime Phone #</small>