


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000033214 1. Entity Name G&L INVESTMENTS, LLC	
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Principal Place of Business 23036 OXFORD PLACE SUITE C BOCA RATON, FL 33433	Mailing Address 2010 SW 23RD ST MIAMI, FL 33433
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DO NOT WRITE IN THIS SPACE



03252007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-2643043	Applied For 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 SPEEDY PARALEGAL SERVICES INC 2010 SW 23RD ST MIAMI, FL 33145
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**DO NOT WRITE
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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GOMEZ, LUIS C SR. 23036 OXFORD PL SUITE C BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GOMEZ, VILMA 23036 OXFORD PL SUITE C BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GOMEZ, LUIS C JR. 9503 BOCA COVE CIR # 610 BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GOMEZ, JAIRO 6055 W 19TH AVE #414 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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05/21/07-80003-007 50.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

05/25/07 786 3264680