


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L05000037535 1. Entity Name DCG INVESTMENTS, L.L.C. |  |
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|---|---|
| Principal Place of Business 9765 S.W. 132 COURT MIAMI, FL 33186 | Mailing Address 9765 S.W. 132 COURT MIAMI, FL 33186 |
|---|---|

DO NOT WRITE IN THIS SPACE



04042008No Chg-LLC

CR2E083 (12/07)

| | |
|---|--|
| 4. FEI Number 33-1117656 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

GAN, CECILIA P
9765 S.W. 132 COURT
MIAMI, FL 33186

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000003895834
04/18/08-00000-008 138.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GAN, CECILA P 9765 S.W. 132 COURT MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GAN, DANIEL R 9765 S.W. 132 COURT MIAMI, FL 33186 |
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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: _____ **4/4/08 3059056162**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #