

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041071

Entity Name: A.G PALM I INVESTMENTS, LLC

**FILED**  
**Apr 08, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

16388 SW 30TH STREET  
MIRAMAR, FL 33027 US

**New Principal Place of Business:**

**Current Mailing Address:**

16388 SW 30TH STREET  
MIRAMAR, FL 33027 US

**New Mailing Address:**

FEI Number: 42-1670943

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MONIZ, ELENA  
16388 SW 30TH STREET  
MIRAMAR, FL 33027 US

**Name and Address of New Registered Agent:**

ELENA MONIZ P.A.  
16388 SW 30TH STREET  
MIRAMAR, FL 33027 US

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.

SIGNATURE: ELENA MONIZ

04/08/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GONCALVES, JOSE A  
Address: URB. EL ROSAL AV.VZLA TORRE EL SAMAN P. 5  
City-St-Zip: CARACAS, VE 00000 VE

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GONCALVES, JOSE A  
Address: 10749 NW 70TH LN  
City-St-Zip: MIAMI, FL 33178

Title: MGRM ( ) Change (X) Addition  
Name: DUARTE, MARIBEL  
Address: 10749 NW 70TH LN  
City-St-Zip: MIAMI, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSE A GONCALVES

MGRM

04/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date