


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 07, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # L05000044835**

1. Entity Name  
**FIRST GIO LLC**



Principal Place of Business <b>8700 WEST FLAGLER STE 165          MIAMI, FL 33174</b>	Mailing Address <b>8700 WEST FLAGLER STE 165          MIAMI, FL 33174</b>
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**DO NOT WRITE IN THIS SPACE**



01312008No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>04-3814273</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LAGO, JULIO  
 8700 WEST FLAGLER STE 165  
 MIAMI, FL 33174**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAGO, JULIO 8700 WEST FLAGLER STE 165 MIAMI, FL 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CECCHINI, ANTHONY 8700 WEST FLAGLER STE 165 MIAMI, FL 33174
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000000819902  
 02/18/08-80006-023 138.75

**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 #