2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 27, 2007
Secretary of State

DOCUMENT# L05000059334

Entity Name: G/S INVESTMENTS, LLC

Current Principal Place of Business:

320 W FLETCHER AVENUE
101
TAMPA, FL 33612

New Principal Place of Business:

Current Mailing Address:

PO BOX 17879
TAMPA, FL 33682

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GHARSALLI, SALEM
18430 KUKA LANE
SPRING HILL, FL 34610 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	GHARSALLI, SALEM	
Address:	18430 KUKA LANE	
City-St-Zip:	SPRING HILL, FL 34610	
Title:	MGRM	( ) Delete
Name:	GHARSALLI, PAMELA M	
Address:	18430 KUKA LANE	
City-St-Zip:	SPRING HILL, FL 34610	
Title:	MGRM	( ) Delete
Name:	MOHAMED IQBAL SALEH,	
Address:	18430 KUKA LANE	
City-St-Zip:	SPRING HILL, FL 34610	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify 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: SALEM GHARSALLI MBR 08/27/2007

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