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Mar 16, 2007 8:00 am
Secretary of State

02-23-2007 90205 024 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000003196

1. Entity Name
GEORGIA INVESTMENTS, LLC

Principal Place of Business	Mailing Address
215 N. BIRCH RD., #4-A FT LAUDERDALE, FL 33304	1411 STATE ROUTE 35 N. OCEAN, NJ 07712

01192007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
39 Avenue AT THe Common	39 Avenue AT The Common
Suite, Apt. #, etc.: Suite 209	Suite, Apt. #, etc.: Suite 209
City & State: Shrewsbury, NJ	City & State: Shrewsbury, NJ
Zip: 07702 Country:	Zip: 07702 Country:

4. FEI Number: 20-4410762 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MATZEL, BRUCE 215 N. BIRCH RD., #4-A FT LAUDERDALE, FL 33304	Name: MATZEL, BRUCE Street Address (P.O. Box Number is Not Acceptable): 2760 North Atlantic Blvd. City: Fort Lauderdale FL Zip Code: 33308

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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATZEL, BRUCE 215 N. BIRCH RD., #4-A FT LAUDERDALE, FL 33304	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MATZEL, BRUCE 2760 North Atlantic Blvd. Fort Lauderdale, FL 33308	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: B Matzel 3-12-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #