



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 06, 2008 8:00 am**  
**Secretary of State**

06-06-2008 90104 024 \*\*\*138.75

<b>DOCUMENT # L06000056900</b> 1. Entity Name GAG INVESTMENTS, LLC.					
Principal Place of Business 752 LAVENDER CIRCLE WESTON, FL 33327			Mailing Address 752 LAVENDER CIRCLE WESTON, FL 33327		
2. Principal Place of Business - No P.O. Box # 3937 Tree Top Dr. Suite, Apt. #, etc.		3. Mailing Address 3937 Tree Top Dr. Suite, Apt. #, etc.		50006917 	
City & State Weston, FL		City & State Weston, FL		05132008 Chg-LLC CR2E083 (12/06)	
Zip 33332		Country USA		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent  MYOS FINANCIAL GROUP, INC. 2853 EXECUTIVE PARK DR. 105 WESTON, FL 33331			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 registering) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANNA, GEORGE 1381 WEST SHORE DRIVE BIG PINE KEY, FL 33043	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FURMAN, ARIE 12720 COUNTRY SIDE TERRACE FORT LAUDERDALE, FL 33330	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRUJILLO, GUILLERMO 752 LAVENDER CIRCLE WESTON, FL 33327	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Guillermo Trujillo</u> <u>May 28/08</u> <u>954-326-8440</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					