2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 11, 2007 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # L06000087938 1. Entity Name GAIL INVESTMENTS, LLC							04-11-2007	90162 015 ****5	0.00
Principal Place 1048 STRIMI LEESBURG, F	ENOS LANE	Mailing Address 1048 STRIMENOS LANE LEESBURG, FL 34748				I ISBNER BI	88H8 81HH 87HH 98M 89H	III aa iai i a ik i asi a ia is a iii a i	KI TOLI KILI LIDOLE
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				01192007	Chg-LLC	CR2E083 (12/06)	
City & State		City & State			4. FEI Numbi	-368847		pplied For ot Applicable	
Zip	Country	Zip	У			of Status Desired	□ \$5.00 Ad Fee Require		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
LOWMAN, WILLIAM R JR, ESQ SHUFFIELDLOWMAN 1000 LEGION PLACE, SUITE 1700				Street Address (P.O. Box Number is Not Acceptable)					
	O, FL 32801							1	
				City				FL Zip Coo	te
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 of primad name of recovered agent and title if applicable. (NOTE. Registered Agent signature required when reinstaling) DATE									
	Signature, typed of printed frame of temporal agent as	KI (THE II ADDICADIS). (1401)	L. I legisle eo	Agent signator	• required	#rion renistating)	-	WATE	
	ling Fee is \$50,00 ue by May 1, 2007							ke check payable to a Department of Sta	te
9.	MANAGING MEMBER	S/MANAGERS	10.				ADDITIONS	/CHANGES	
TITLE NAME STREET ADDRESS		☐ Delete				caos, Gúl Striacae		Change	Addition
CITY-ST-ZIP			-	SI-ZiP	Less	burg, FL	34748		
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STREET ADDRESS CITY-ST-ZIP			STREE	T ADDRESS ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP				T ADORESS ST-ZIP					
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TITLE NAME STREET ADDRESS		Defete	NAME STREE	T ADDRESS				☐ Change	Addition
CITY-ST-ZIP				ST-ZIP		- 0	The ide Oct 1 1 1		
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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									