2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L07000040624

1. Entity Name
INVESTMENTS OF THE GULF, LLC.

Principal Place of Business	Mailing Address
1528 SEVILLA AVENUE	1528 SEVILLA AVENUE
CORAL GABLES, FL 33134 US	CORAL GABLES, FL 33134 US

2. Principal Place of Business - No P.O. Box #	**3.** Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

01172008   Chg-LLC   CR2E083 (12/06)

4. FEI Number 20-8982849 | 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
GARCIA, JOSE M	Name
1528 SEVILLA AVENUE	Street Address (P.O. Box Number is Not Acceptable)
CORAL GABLES, FL 33134	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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	**10.** ADDITIONS/CHANGES
TITLE MGR	TITLE ☐ Change ☐ Addition
NAME GARCIA, JOSE M	NAME
STREET ADDRESS 1528 SEVILLA AVENUE	STREET ADDRESS
CITY-ST-ZIP CORAL GABLES, FL 33134 ☐ Delete	CITY-ST-ZIP
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
TITLE ☐ Delete	TITLE ☐ Change ☐ Addition
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP

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: _____ Jose M Garcia _____ 4/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #