


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 02, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90333 013 \*\*\*138.75

|  |  |  |   |
|--|--|--|---|
| <b>DOCUMENT # L07000047867</b>   |  |   |   |
| 1. Entity Name<br><b>GMS INVESTMENTS, LLC</b>  |  |  |   |
| Principal Place of Business<br><b>11606 MONETTE RD.<br/>RIVERVIEW, FL 33569</b>  |  | Mailing Address<br><b>11606 MONETTE RD.<br/>RIVERVIEW, FL 33569</b>  |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>15907 Carlton Lake Rd.</b><br><small>Suite, Apt. #, etc.</small>  |  | 3. Mailing Address<br><b>15907 Carlton Lake Rd.</b><br><small>Suite, Apt. #, etc.</small>  |   |
| City & State<br><b>Wimauma, FL</b>   |  | City & State<br><b>Wimauma, FL</b>   |   |
| Zip<br><b>33598</b>  | Country<br><b>USA</b>  | Zip<br><b>33598</b>  | Country<br><b>USA</b>   |
| 4. FEI Number<br><b>20-8977770</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$5.00</b> Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent<br><b>GASKILL, HAROLD B<br/>11606 MONETTE RD.<br/>RIVERVIEW, FL 33569</b>  |  | 7. Name and Address of New Registered Agent<br>Name <b>James L. Massaro</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>15907 Carlton Lake Rd.</b><br>City <b>Wimauma</b> FL Zip Code <b>33598</b> |   |
| 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 <b>James L. Massaro</b>  |  | DATE <b>3-6-08</b>   |   |
| <b>FILE NOW!!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>   |   |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>GASKILL, HAROLD B<br/>11606 MONETTE RD.<br/>RIVERVIEW, FL 33569</b> <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>SHOOP, JERRY L<br/>P.O. BOX 1024<br/>RIVERVIEW, FL 33568</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>MASSARO, JAMES L<br/>15907 CARLTON LAKE ROAD<br/>WIMAUMA, FL 33598</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>MARTINEZ, WILLIAM<br/>107 HICKORY CREEK BLVD<br/>BRANDON, FL 33511</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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: <b>James L. Massaro</b>   |  | DATE <b>3-6-08</b> (813)493-4026   |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |  | <small>Date Daytime Phone #</small>  |   |

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