


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-10-2008 90333 013 ***138.75

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