FILED
Mar 10, 2008 8:00 am
Secretary of State
01-10-2008 90021 024 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000056465

1. Entity Name
G & I INVESTMENTS, LLC

30001563

Principal Place of Business	Mailing Address
2829 N MAIN STREET JACKSONVILLE, FL 32206	2829 N MAIN STREET JACKSONVILLE, FL 32206

01042008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2829 N. Main St	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jax Florida	City & State
Zip: 32206 Country: Duval	Zip / Country

4. FEI Number: 26-0256946 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ROMANELLO, DUANE C
1919 BLANDING BLVD
JACKSONVILLE, FL 32210
McFall, Gerald A. JR
34322 Daybreak Drive
Callahan, FL 32011

7. Name and Address of New Registered Agent
Name: McFall, Gerald A. Jr.
Street Address (P.O. Box Number is Not Acceptable): 34322 Daybreak Drive
City: Callahan FL Zip Code: 32011

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 X [signature] (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) X 1/7/08 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	MGRM owner	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MCFALL, GERALD A JR.		NAME		
STREET ADDRESS	2829 N MAIN STREET		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32206		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
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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 X [signature] 3/4/08 9043549395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #