2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L99000002218

1. Entity Name
SPOGAIN INVESTMENTS, L.L.C.

Principal Place of Business	Mailing Address
3719 BATTERSEA ROAD MIAMI, FL 33133	3719 BATTERSEA ROAD MIAMI, FL 33133

60022068

04072008   Chg-LLC   CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
9851 SW 72 Court	9851 SW 72 Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Miami, FL	City & State Miami, FL
Zip 33156 Country USA	Zip 33156 Country USA

4. FEI Number
65-0932608

☐ 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
OLSTER, RONALD 3719 BATTERSEA ROAD MIAMI, FL 33133	Name Ronald Olster Street Address (P.O. Box Number is Not Acceptable) 9851 SW 72 Court City Miami FL Zip Code 33156

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 _Ronald Olster_   4/8/08

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	MGRM	☐ Delete	TITLE		☒ Change	☐ Addition
NAME	OLSTER, RONALD		NAME	9851 SW 72 Ct.		
STREET ADDRESS	3719 BATTERSEA ROAD		STREET ADDRESS	Miami, FL 33156		
CITY-ST-ZIP	MIAMI, FL 33133		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			

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NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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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: _Ronald Olster_   4/8/08   305-970-3382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #