2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 01, 2005
Secretary of State

DOCUMENT# L04000044175

Entity Name: UNITED FAMILY INVESTMENT GROUP, L.L.C.

Current Principal Place of Business:

1390 SOUTH DIXIE HWY, SUITE 2209
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1390 SOUTH DIXIE HWY, SUITE 2209
CORAL GABLES, FL 33146

New Mailing Address:

P.O. BOX 430698
MIAMI, FL 33243

FEI Number: 51-0514458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PERLIN, BRIAN C
201 ALHAMBRA CIRCLE, SUITE 503
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MARIA LOURDES CUERVO,
Address: 1390 SOUTH DIXIE HWY, SUITE 2209
City-St-Zip: CORAL GABLES, FL 33146

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MBR ( ) Change (X) Addition
Name: CAVEIRO, MARTHA
Address: 6001 SW 92 ST.
City-St-Zip: PINECREST, FL 33156

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARIA LOURDES CUERVO MGR 07/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date