

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044895

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** FINANCE INTERNATIONAL GROUP LLC

**Current Principal Place of Business:**

10800 BISCAYNE BLVD, SUITE 925  
MIAMI, FL 33161

**New Principal Place of Business:**

3600 MYSTIC POINTE DRIVE  
LP-6  
AVENTURA, FL 33180

**Current Mailing Address:**

10800 BISCAYNE BLVD, SUITE 925  
MIAMI, FL 33161

**New Mailing Address:**

3600 MYSTIC POINTE DRIVE  
LP-6  
AVENTURA, FL 33180

**FEI Number:** 45-0527961

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRIER, ADRIANA  
10800 BISCAYNE BLVD  
SUITE 925  
MIAMI, FL 33161 US

**Name and Address of New Registered Agent:**

BRIER, ADRIANA  
3600 MYSTIC POINTE DRIVE  
LP-6  
AVENTURA, FL 33180 US

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: ADRIANA BRIER

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BRIER, ADRIANA  
Address: 10800 BISCAYNE BLVD, SUITE 925  
City-St-Zip: MIAMI, FL 33161

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BRIER, ADRIANA  
Address: 3600 MYSTIC POINTE DRIVE, # LP-6  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ADRIANA BRIER

MGRM

04/30/2009

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