

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000094468

Entity Name: TIGER INVESTMENTS & REAL ESTATE MANAGEMENT, LLC**Current Principal Place of Business:**600 LAKE BISCAYNE WAY
ORLANDO, FL 32824**Current Mailing Address:**600 LAKE BISCAYNE WAY
ORLANDO, FL 32824 US**FEI Number:** 45-0647803**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LARSON ACCOUNTING & CONSULTING SERVICESLLC
8615 COMMODITY CIRCLE
STE 06
ORLANDO, FL 32819 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | |
|-----------------|-------------------------------------|
| Title | MGRM |
| Name | REDE BRASILEIRA DE AUTOMOTORES LTDA |
| Address | RUA HUMBERTO DE CAMPOS 1003 |
| City-State-Zip: | SERRA ES 29163--166 |

| | |
|-----------------|-----------------------------------|
| Title | MGRM |
| Name | NEMER NETO, ALBERTO |
| Address | RUA JOSE LUIZ GABEIRA 171 APT 402 |
| City-State-Zip: | VITORIA ES 29055--470 |

| | |
|-----------------|------------------------------------|
| Title | MGRM |
| Name | NEMER, PAULO ROBERTO V |
| Address | ALAMEDA MARY UBIRAJARA, 145 / 1102 |
| City-State-Zip: | VITORIA ES 29056-904 |

| | |
|-----------------|-------------------------|
| Title | MGRM |
| Name | NEMER, DAVID B |
| Address | 824 E COTTAGE GROVE AVE |
| City-State-Zip: | BLOOMINGTON IN 47408 |

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAULO R NEMER

MGRM

01/24/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date