

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90612 012 \*\*\*\*50.00

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**DOCUMENT # L00000014759**

1. Entity Name  
**IJ INVESTMENT GROUP, LLC**



Principal Place of Business      Mailing Address

**2322 W 78TH ST  
HIALEAH FL 33016**      **2322 W 78TH ST  
HIALEAH FL 33016**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.


**7964 NW 163 TERRACE**

City & State      City & State

**MIAMI LAKES FL**

Zip      Country      Zip      Country

**33016**      **MIAMI LAKES**



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1064364**      Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**RUTHERFORD MULHALL & WARGO PA  
2600 N MILITARY TRAIL  
4TH FLOOR  
BOCA RATON FL 33431**

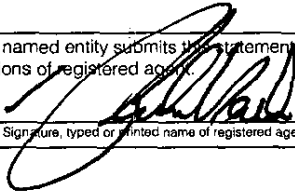
7. Name and Address of New Registered Agent

Name **JULIO VARELA**

Street Address (P.O. Box Number is Not Acceptable)  
**7964 NW 163 TERR**

City **MIAMI LAKES**      FL      Zip Code **33016**

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       DATE **3-31-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	GONZALEZ, INOCENCIO J	16368 NW 86 COURT	MIAMI LAKES FL 33016	<input type="checkbox"/>
MGR	VARELA, JULIO	7964 NW 163 TERRACE	MIAMI LAKES FL 33016	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify 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 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:  **SIGNATURE REQUIRED**      DATE **3-31-03**      Daytime Phone #

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

CR2E083 (10/02)