

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000016256

FILED  
May 20, 2008  
Secretary of State

**Entity Name:** INTERNATIONAL GROWTH INVESTMENT, LLC

**Current Principal Place of Business:**

905 BRICKELL BAY DR  
SUITE 2CL-24  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

905 BRICKELL BAY DR  
SUITE 2CL-24  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 22-3869457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ERICK, VAIANA  
905 BRICKELL AVE  
SUITE 2CL24  
MIAMI, FL 33131 US

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

ELIZABETH, BORJAS  
905 BRICKELL AVE  
SUITE 2CL24  
MIAMI, FL 33131 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: ELIZABETH BORJAS

05/20/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BORJAS, ELIZABETH R  
Address: 905 BRICKELL BAY DR SUITE 2CL24  
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete  
Name: VAIANA, ERICK J  
Address: 905 BRICKELL BAY DR SUITE 2CL24  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

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

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

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: ELIZABETH BORJAS

MGR

05/20/2008

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