2007 LIMITED LIABILITY. COMPANY ANNUAL REPORT

FILED Mar 27, 2007 08:00 A Secretary of State

DOCUMENT # L02000017449

Entity Name
 GEOMAR INVESTMENT GROUP LLC



Principal Place of Business

600 GRAPETREE DR., UNIT #3D-S KEY BISCAYNE, FL 33149 Mailing Address

600 GRAPETREE DR., UNIT #3D-S KEY BISCAYNE, FL 33149



DO NOT WRITE IN THIS SPACE

 03212007 No Chg-LLC
 CR2E083 (11/05)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CFRA, LLC CORPORATE CENTER THREE AT INT'L PLAZA 4221 W BOY SCOUT BLVD., 10TH FLOOR TAMPA, FL 33067

DO NOT WRITE IN THIS SPACE

| 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 Signature typed or printed name of registered agent and title if applicable. (N | | (NOTE Registered Agent signature required when reinstating) | DATE |
| F | lling Fee is \$50.00 ue by May 1, 2007 | (COLE TOPACO O SALIDA S | |
| 9. | MANAGING MEMBERS/MANAGERS | | U00000620858 |
| TITLE NAME STREET ADDRESS CITY-S1-ZIP | MGR GOYTISOLO, JORGE A 600 GRAPETREE DR., UNIT #3D-S KEY BISCAYNE, FL 33149 | | 000000680958 04/04/07-80020-009 50.00 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | cartify that the information cumplied with this filing does not | gualdy for the exemptions contained in Chapter 119. Flor | rice Statutes Liturber conflict that the information |

11. I hereby certify that the information supplied with this liting does not qualify for the exemptions contained in Chapter 119, 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 mustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ___

F SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/67

(305) 361-0782