

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

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90321 038 ****55.00

DOCUMENT # **L02000017449**

1. 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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: **13-2741729**
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
**DE GOYTISOLO, AGUSTIN
600 GRAPETREE DR., UNIT #3D-S
KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent
Name: **JORGE A. GOYTISOLO**
Street Address (P.O. Box Number is Not Acceptable): **600 GRAPETREE DRIVE**
APARTMENT (UNIT) 3 DS
City: **KEY BISCAYNE** FL Zip Code: **33149**

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]* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOYTISOLO, JORGE A 600 GRAPETREE DR., UNIT #3D-S KEY BISCAYNE FL 33149 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

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]* **SIGNATURE REQUIRED** 7/8/03 (305)361-0782
Date Daytime Phone #

CR2E083 (4/03)