

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90038 004 ****55.00

DOCUMENT # L02000024366

1. Entity Name
D.I.G. INVESTMENT GROUP, LLC



Principal Place of Business
133 GIRALDA AVENUE
CORAL GABLES, FL 33134

Mailing Address
133 GIRALDA AVENUE
CORAL GABLES, FL 33134

2. Principal Place of Business
3191 CORAL WAY
Suite, Apt. #, etc.
SUITE G16
City & State
MIAMI FL
Zip
33145
Country
USA

3. Mailing Address
3191 CORAL WAY
Suite, Apt. #, etc.
SUITE G16
City & State
MIAMI FL
Zip
33145
Country
USA

04252005 Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1162738
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DONNELLY, WILLIAM J
133 GIRALDA AVENUE
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name
Same
Street Address (P.O. Box Number is Not Acceptable)
3191 CORAL WAY SUITE G16
City
MIAMI FL Zip Code
33145

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DONNELLY, WILLIAM J 133 GIRALDA AVE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3191 CORAL WAY SUITE G16 MIAMI FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENA, BRAULIO A 133 GIRAZDA AVE CORAL GABLES, FL 33134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3191 CORAL WAY SUITE G16 MIAMI FL 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: William J. Donnelly William J. Donnelly 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #