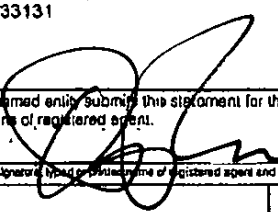
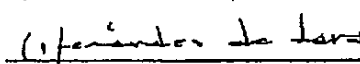


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2006 JUL 17 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000035025			
1. Entity Name INVESTMENT ATLANTIC GROUP LLC			
Principal Place of Business 1221 BRICKELL AVE, STE 900 MIAMI, FL 33131 US		Mailing Address 1221 BRICKELL AVE, STE 900 MIAMI, FL 33131 US	
2. Principal Place of Business 801 Brickell Avenue		3. Mailing Address 801 Brickell Avenue	
Suite, Apt. #, etc. Ste. 949		Suite, Apt. #, etc. Ste. 949	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33139	Country	Zip 33139	Country
4. FEI Number 20-525517		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent FERNANDEZ DE LARA, CLAUDIO 1221 BRICKELL AVE, STE 900 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue City Tallahassee FL 32301	
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 of Head or Authorized Agent of registered agent and title is applicable (NOTE: Registered Agent signature required when reappointing)		DATE 7/17/06	
Filing Fee is \$50.00 Due by September 8, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FERNANDEZ, CLAUDIO 1221 BRICKELL AVE, STE 900 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 801 Brickell Avenue, Ste. 949 Miami, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GOMEZ, JORGE 1221 BRICKELL AVE, STE 900 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 801 Brickell Avenue, Ste. 949 Miami, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition 300077946023 07/25/06--01030--016 **55.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		07-14-06 / 551506 / 9203 Date Daytime Phone	
Claudio Fernandez, Manager/Member			