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2006 JUL 17 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000035025

1. Entity Name
INVESTMENT ATLANTIC GROUP LLC

Principal Place of Business	Mailing Address
1221 BRICKELL AVE, STE 900 MIAMI, FL 33131 US	1221 BRICKELL AVE, STE 900 MIAMI, FL 33131 US

2. Principal Place of Business	3. Mailing Address
801 Brickell Avenue	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:

07142006 Chg-LLC CR2E083 (11/05)

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	7. Name and Address of New Registered Agent
FERNANDEZ DE LARA, CLAUDIO 1221 BRICKELL AVE, STE 900 MIAMI, FL 33131	Name: CorpDirect Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 515 East Park Avenue City: Tallahassee FL Zip Code: 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] Kevin R. Roberts President 2/17/06
Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $60.00
Due by September 6, 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
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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] 07-14-06 (55)566-9203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Claudio Fernandez, Manager/Member