

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000073143

Entity Name: G. INVESTMENT GROUP, L.L.C.

FILED
Apr 13, 2005
Secretary of State

Current Principal Place of Business:

5145 S.W. 113RD AVENUE
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

5145 S.W. 113RD AVENUE
MIAMI, FL 33165

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, REIDY
5145 S.W. 113RD AVENUE
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: GONZALEZ, REIDY
Address: 5145 S.W. 113RD AVENUE
City-St-Zip: MIAMI, FL 33165

Title: MGR () Delete
Name: GONZALEZ, ALEXANDER
Address: 3355 W. 68TH STREET, UNIT 162
City-St-Zip: HIALEAH, FL 33018

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: CORUJO, RODOLFO
Address: 2100 PONCE DE LEON BLVD., SUITE 600
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: REIDY GONZALEZ

MGR

04/13/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date