

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027213

FILED
May 01, 2008
Secretary of State

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

Current Principal Place of Business:

14748 SW 56TH STREET SUITE 197
MIAMI, FL 33185

New Principal Place of Business:

Current Mailing Address:

14748 SW 56TH STREET SUITE 197
MIAMI, FL 33185

New Mailing Address:

FEI Number: 20-2525559 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SOSA, JAVIER
14748 SW 56TH STREET SUITE 197
MIAMI, FL 33185 US

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/MANAGERS:

Title: MGRM () Delete
Name: SOSA, JAVIER
Address: 15833 SW 66TH TERRACE
City-St-Zip: MIAMI, FL 33193

Title: MGRM (X) Delete
Name: GOMEZ, RAMON
Address: 6660 SW 158 COURT
City-St-Zip: MIAMI, FL 33193

Title: MGRM (X) Delete
Name: SOSA, MARIA
Address: 15833 SW 66 TERR
City-St-Zip: MIAMI, FL 33193

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAVIER SOSA

MGRM

05/01/2008

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