

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000027213

**FILED**  
**May 04, 2009**  
**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:**

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

**Name and Address of New Registered Agent:**

RODRIGUEZ, MARIA H  
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: MARIA H RODRIGUEZ

05/04/2009

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

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: RODRIGUEZ, MARIA H  
Address: 14748 SW 56 STREET SUITE 197  
City-St-Zip: MIAMI, FL 33185

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: MARIA H RODRIGUEZ

MS

05/04/2009

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