


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000053607 1. Entity Name REALESTATE INVESTMENT GROUP, LLC	
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Principal Place of Business 8360 WEST FLAGLER STREET, SUITE 204 MIAMI, FL 33144	Mailing Address 8360 WEST FLAGLER STREET, SUITE 204 MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



07242008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 27-0127587	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

INGUANZO, ROBERTO D
 8360 WEST FLAGLER STREET, SUITE 204
 MIAMI, FL 33144

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IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

 U00000956569
 07/28/08-80008-022 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INGUANZO, ROBERTO D 8360 WEST FLAGLER STREET, SUITE 204 MIAMI, FL 33144
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **ROBERT INGUANZO** 7/21/08 (305)554-4736
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #