2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Feb 13, 2008 08:00 AM Secretary of State DOCUMENT # L05000067802 MNM INVESTMENT GROUP, LLC Principal Place of Business Mailing Address 35 BUXTON LANE 4039 ARTHURIUM AVENUE **BOYNTON BEACH FL 33426** LANTANA FL 33462 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State Applied For 4. FEI Number 11-3755383 No: Applicable Zip Country Zip Couritry \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATEL, NAYAN Street Address (P.O. Box Number is Not Acceptable) 35 BUXTON LANE **BOYNTON BEACH FL 33426** City 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, typed or or mediname of registered agent and Life if applicable, (NOTE: Rayistored Agent signature required whon reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES TITLE MGR TITLE Defeta Change Addition NAME PATEL, MAHESH NAME STREET ADDRESS U00000825893 11 MAGIC WAY STREET ADDRESS 02/21/08-80027-019 150.00 CITY-\$T-ZIP JUPITER FL 33458 CITY - ST - ZIP THE MGR Delete TITLE Change Addition NAME PATEL, MUKESH NAME 4039 ARTHURIUM AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANTANA FL 33462 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZiP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition Deinte TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. Hurther 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: MUCC ST. Pre Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE

CV-09-08

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