2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L05000077591

Entity Name: SOAR INVESTMENTS GROUP, LLC

Current Principal Place of Business:

16437 NE 30 AVE
MIAMI CENTER, SUITE 2400
N MIAMI BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

201 SOUTH BISCAYNE BOULEVARD
MIAMI CENTER, SUITE 2400
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-3283753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OCARIZ, HUMBERTO
1200 BRICKELL AVENUE, SUITE 950
MIAMI, FL 33131 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/MANAGERS:

Title:	SD	( ) Delete
Name:	HOMMES, JAN	
Address:	1200 BRICKELL AVE SUITE 950	
City-St-Zip:	MIAMI, FL 33131	
Title:	MGR	( ) Delete
Name:	RODRIGUEZ, FERNANDO	
Address:	4167 BRIARCLIFF CIRCLE	
City-St-Zip:	BOCA RATON, FL 33496	
Title:	MGR	( ) Delete
Name:	OCARIZ, HUMBERTO	
Address:	1674 NOCATEE DR	
City-St-Zip:	MIAMI, FL 13333	

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: JAN HOMMES DIR 04/23/2009

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