


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000009851 1. Entity Name CIP INVESTMENT GROUP LLC	
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Principal Place of Business 8603 SOUTH DIXIE HWY 208 MIAMI, FL 33143	Mailing Address 8603 SOUTH DIXIE HWY 208 MIAMI, FL 33143
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**DO NOT WRITE IN THIS SPACE**



01152008No Chg-LLC CR2E083 (12/07)

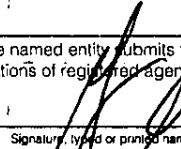
4. FEI Number 05-0631832	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

GARCIA, GENARO R JR  
8603 SOUTH DIXIE HWY  
208  
MIAMI, FL 33143

**DO NOT WRITE 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**  
**After May 1, 2008 Fee will be \$538.75**

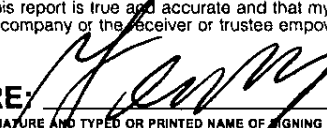
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, GENARO R SR. 8603 SOUTH DIXIE HWY SUITE 208 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000809128  
02/08/08-80009-024 138.75

**DO NOT WRITE IN THIS SPACE**

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:  DATE: \_\_\_\_\_ DAYTIME PHONE #: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE