

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065115

FILED
May 01, 2009
Secretary of State

Entity Name: SCHULMAN INVESTMENT GROUP LLC

Current Principal Place of Business:

16375 NE 28TH AVE, SUITE 332
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

16375 NE 18TH AVE, SUITE 332
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

16375 NE 28TH AVE, SUITE 332
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

16375 NE 18TH AVE, SUITE 332
NORTH MIAMI BEACH, FL 33162

FEI Number: 43-2114637 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:

SCHULMAN, SCOTT
16375 NE 28TH AVE, SUITE 332
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

SCHULMAN, SCOTT
16375 NE 18TH AVE, SUITE 332
NORTH MIAMI BEACH, FL 33162 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:

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: RA () Delete
Name: SCHULMAN, SCOTT
Address: 16375 NE 28TH AVE, SUITE 332
City-St-Zip: NORTH MIAMI BEACH, FL 33162

ADDITIONS/CHANGES:

Title: RA (X) Change () Addition
Name: SCHULMAN, SCOTT
Address: 16375 NE 18TH AVE, SUITE 332
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: SCOTT SCHULMAN

RA

05/01/2009

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