2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L06000088115

Entity Name: INTERNATIONAL GROUP MANAGEMENT, LLC

Current Principal Place of Business:

16401 SAPPHIRE BEND
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

16401 SAPPHIRE BEND
WESTON, FL 33331

New Mailing Address:

FEI Number: 20-5951626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

TANESHA, SEWELL
7457 NW 34TH STREET
LAUDERHILL, FL 33319 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: MGR ( ) Delete
Name: TASHELLE, SEWELL K
Address: 4131 NW 79TH AVENUE
City-St-Zip: SUNRISE, FL 33351 US

Title: MGR ( ) Delete
Name: SEWELL, ORION C
Address: 16401 SAPPHIRE BEND
City-St-Zip: WESTON, FL 33331 US

Title: MGRM ( ) Delete
Name: MONTIQUE, JEAN M
Address: 4131 NW 79TH AVENUE
City-St-Zip: SUNRISE, FL 33351 US

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: ORION SEWELL MGR 05/01/2009

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