

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006026

FILED  
Jan 03, 2008  
Secretary of State

**Entity Name:** INTERNATIONAL ASSET VALUE GROUP, LLC

**Current Principal Place of Business:**

2060 NW BOCA RATON BLVD  
SUITE 6  
BOCA RATON, FL 33431

**New Principal Place of Business:**

301 YAMATO ROAD  
SUITE 1200  
BOCA RATON, FL 33301

**Current Mailing Address:**

2060 NW BOCA RATON BLVD  
SUITE 6  
BOCA RATON, FL 33431

**New Mailing Address:**

301 YAMATO ROAD  
SUITE 1200  
BOCA RATON, FL 33301

**FEI Number:** 56-2641635

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERT R. OLIVER, P.A.  
2060 NW BOCA RATON BLVD.  
SUITE 6  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

LAW OFFICES OF WILLIAM R. COHEN, PA  
301 YAMATO ROAD  
SUITE 2160  
BOCA RATON, FL 33301 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: WILLIAM R. COHEN

01/03/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SCHULMAN, STUART  
Address: 2060 NW BOCA RATON BLVD., SUITE 6  
City-St-Zip: BOCA RATON, FL 33431

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SCHULMAN, STUART  
Address: 301 YAMATO ROAD; SUITE 1200  
City-St-Zip: BOCA RATON, FL 33301

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: STUART SCHULMAN

MGR

01/03/2008

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