2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

May 08, 2008 8:00 am Secretary of State **DOCUMENT # L07000065019** 05-08-2008 90104 024 ***138.75 TMG INVESTMENTS GROUP, LLC. Principal Place of Business Mailing Address DUULUALI 8831 SW 41 STREET 8831 SW 41 STREET MIAMI, FL 33165 MIAMI, FL 33165 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04212008 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 26-0390295 Not Applicable Zip Country Zìp Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GOMEZ, TIRSO Street Address (P.O. Box Number is Not Acceptable) 8831 SW 41 STREET MIAMI, FL 33165 Zip Code FI 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 registe SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE Addition TITLE ☐ Delete Change GOMEZ, TIRSO NAME NAME STREET ADDRESS 8831 SW 41 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33165 CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition GOMEZ, ALICIA NAME NAME STREET ADDRESS 8831 SW 41 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33165 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED