

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000003094

FILED
Jan 05, 2004
Secretary of State

Entity Name: UNION INVESTMENT GROUP, L.C.

Current Principal Place of Business:

1221 BRICKELL AVE STE 1100
MIAMI, FL 33131

New Principal Place of Business:

444 BRICKELL AVENUE
SUITE 714
MIAMI, FL 33131

Current Mailing Address:

1221 BRICKELL AVE STE 1100
MIAMI, FL 33131

New Mailing Address:

444 BRICKELL AVENUE
SUITE 714
MIAMI, FL 33131

FEI Number: 65-0880234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YAMER, REBECA F ESQ
1221 BRICKELL AVE STE 1100
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

YAKER, REBECA F ESQ
444 BRICKELL AVENUE
SUITE 714
MIAMI, FL 33131 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: REBECA F. YAKER

01/05/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CARLOS MENDAL,
Address: 1150 E. HALLANDALE BEACH BLVD.
City-St-Zip: HALLANDALE, FL 33009

Title: MGRM () Delete
Name: JESSIE MENDAL,
Address: 1150 E. HALLANDALE BEACH BLVD.
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), 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: CARLOS MENDAL

MGRM

01/05/2004

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