## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 21, 2008 08:00 All Secretary of State **DOCUMENT # L05000101775** CMRS INVESTING, LLG---Principal Place of Business Mailing Address 402 BROADWAY E. 402 BROADWAY E. FORT MEADE, FL 33841 US FORT MEADE, FL 33841 US CR2E083 (12/07) 03282008 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 01-0854073 Not Applicable \$5,00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SHAWN M. YESNER, P.L. DO NOT WRITE 1902 WEST MAIN STREET TAMPA, FL 33607 IN THIS SPACE 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 registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) U00000911231 FILE NOWIII FEE IS \$138.75 05/07/08-80032-004 138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME HAGSTROM, CARL STREET ADDRESS 911 9TH STREET NE CITY-ST-ZIP FORT MEADE, FL 33841 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 eath; 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.

NG NEWBER, OR AUTHORIZED REPRESENTATIVE

FILED