## -2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

## FILED Mar 03, 2008 08:00 A DOCUMENT # L00000013137 Secretary of State 1. Entity Name HRR PROPERTIES, LLC Principal Place of Business Mailing Address 1519 PARCHMENT COVE 12460 CRABAPPLE ROAD TALLAHASSEE FL 32308-5834 SUITE 202-351 ALPHARETTA GA 30004 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt, #, etc. Suite, Apt #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 59-3679173 Not Applicable Zip Country Zip 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 ROGERS, MARGARET H Street Address (P.O. Box Number is Not Acceptable) 1519 PARCHMENT COVE TALLAHASSEE FL 32308 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both lin the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or priored name of registered agent and title if applicable (NOTE: Registered Ayert signature required when revisitating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM Delete TITLE Change Addition HAME ROGERS, JAY G STREET ADDRESS 12460 CRABAPPLE RD., SUITE 202-351 STREET ADDRESS U000000844608 03/13/08-80005-024 138.75 CITY-ST-ZIP ALPHARETTA GA 30004 CITY-ST-Z:P THILE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIE CITY-ST-ZIP THLE ☐ Detete TITLE ☐ Change Addition NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-Z:P TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIE CITY-ST-Z:P TITLE ☐ Delete Change Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP TITLE ☐ Delete TITLE Change Addition 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 Section 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 path; 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.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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