


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90209 025 ****50.00

DOCUMENT # L03000007450	
1. Entity Name H.R. INVESTMENTS, L.L.C.	

Principal Place of Business 10402 PLEASANTVIEW DRIVE LEESBURG, FL 34788	Mailing Address 10402 PLEASANTVIEW DRIVE LEESBURG, FL 34788
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2. Principal Place of Business 1714-1A NORTH LAKE PLAZA Suite, Apt. #, etc.	3. Mailing Address 1714-1A NORTH LAKE PLAZA Suite, Apt. #, etc.
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01242004 Chg-LLC CR2E083 (10/03)

City & State LEESBURG FL	City & State LEESBURG FL	4. FEI Number 61-1443698	Applied For Not Applicable
Zip 34748	Country U.S.A.	Zip 34748	Country U.S.A.

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent HIMANSHU RAMESHCHANDRA THAKKAR 10402 PLEASANTVIEW DRIVE LEESBURG, FL 34788	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JANKI REEPAL METHA 10402 PLEASANTVIEW DRIVE LEESBURG, FL 34788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIMANSHU RAMESHCHANDRA THAKKAR 10402 PLEASANTVIEW DRIVE LEESBURG, FL 34788 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Janki Reepal Metha</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	2/6/04 Date	352-728-4454 Daytime Phone #
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