2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000021436

Entity Name: OVAL OFFICE INVESTMENTS, L.L.C.

FILED Apr 11, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

418 E. WISCONSIN AVE. 166 KEY HEIGHTS DRIVE OCONOMOWOC, WI 53066 TAVERNIER, FL 33070

Current Mailing Address: New Mailing Address:

W390N9451 PENNSYLVANIA 166 KEY HEIGHTS DRIVE IXONIA, WI 53036 TAVERNIER, FL 33070

FEI Number: 20-0040822 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Electronic Signature of Registered Agent Date

ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 SCHUTTE, MICHAEL D
 Name:
 SCHUTTE, MICHAEL D

 Address:
 W390N9451 PENNSYLVANIA ST.
 Address:
 166 KEY HEIGHTS DRIVE

City-St-Zip: IXONIA, WI 53036 City-St-Zip: TAVERNIER, FL 33070

Title: MGRM () Delete Title: MGRM (X) Change () Addition

Name:SCHUTTE, PAMELA JName:SCHUTTE, PAMELA JAddress:W390N9451 PENNSYLVANIA ST.Address:166 KEY HEIGHTS DRIVECity-St-Zip:IXONIA, WI 53036City-St-Zip:TAVERNIER, FL 33070

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MICHAEL D. SCHUTTE MGRM 04/11/2007