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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:33

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000022545

1. Entity Name
H&R INVESTMENTS, LLC

Principal Place of Business
7800 US HWY 17-92
SUITE #182
FERN PARK, FL 32730

Mailing Address
9494 SW FRWY
SUITE #500
HOUSTON, TX 77074

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

08312006 Chg-LLC CR2E...

4. FEI Number
20-0850148

Applied For
Not Applicable

5. Certificate of Status Desired
$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RAJAN, ARIF
7800 US HWY 17-92
SUITE #182
FERN PARK, FL 32730

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box number is Not Acceptable)

City FL Zip Code

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 reinstating. DATE

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	RAJAN, ARIF	
STREET ADDRESS	587 E STATE RD, #434	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	MGRM	☐ Delete
NAME	HEMANI, ALTAF	
STREET ADDRESS	587 E STATE RD, #434	
CITY-ST-ZIP	LONGWOOD, FL 32750	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	7800 US HWY 17-92 SUITE #182	
CITY-ST-ZIP	FERN PARK - FL - 32730	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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 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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #