

SEP-19-2006 12:08

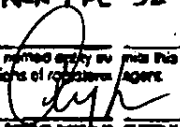
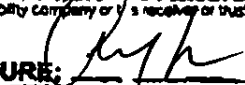
P.02

AUG-31-2006 18:10

9/5/2006-90050-022-550.00-550.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:33

DOCUMENT # L03000022545			
1. Entity Name H&R INVESTMENT, LLC			
Principal Place of Business 1900 US HWY 17-92 SUITE # 192 PERN PARK, FL 32130		Mailing Address QUICKWAY FRANK SUITE # 500 HOUSTON, TX 77014	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name of		5. FEI Number 20-0850148	
Address of Current Registered Agent		6. Certificate of State Designation ☐ \$11.00 Address: Per. R. 11/1/10	
Name RAJAN, ARIF 1900 US HWY 17-92 SUITE # 192 PERN PARK, FL 32130		7. Name and Address of New Registered Agent	
Street Address (P.O. Box Number is Not Accepted)		City	
State		Zip	
8. The undersigned hereby certifies that this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, is true and correct.			
SIGNATURE 			
Filing Fee is \$2 0.00 Due by September 6, 2006			
State check payment to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONAL CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete MANAGING MEMBER RAJAN, ARIF 587 E STATE RD, #434 LONGWOOD FL 32750	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Addition 1900 US HWY 17-92 SUITE # 192 PERN PARK-FL-32130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete MANAGING MEMBER HEMAN, ALI F 587 E STATE RD, #434 LONGWOOD FL 32750	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete ☐ Addition
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 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 trustee of the limited liability company or its receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: 			
I am a MANAGING MEMBER OF LIMITED LIABILITY COMPANY, MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE			