


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90037 037 \*\*\*\*\*50.00

<b>DOCUMENT # L03000022545</b>		
1. Entity Name H&R INVESTMENTS, LLC		
Principal Place of Business 7800 US HWY 17-92 SUITE 182 FERN PARK, FL 32730 US		Mailing Address 9494 SW FRWY SUITE 500 HOUSTON, TX 70074 US

60054106



2. Principal Place of Business - No P.O. Box # <i>151 Southhall Lane</i> Suite, Apt. #, etc. <i>Suite 240</i> City & State <i>Maitland, FL</i> Zip <i>32751</i> Country		3. Mailing Address <i>151 Southhall Lane</i> Suite, Apt. #, etc. <i>Suite 240</i> City & State <i>Maitland, FL</i> Zip <i>32751</i> Country	
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02162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0850148	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 <i>Hendry, Stoner, Calandrino + Brown, P.A.</i> Street Address (P.O. Box Number is Not Acceptable) <i>20 N. ORANGE AVENUE</i> <i>Suite 600</i> City <i>Orlando, FL</i> Zip Code <i>32801</i>	
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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. *Hendry, Stoner, Calandrino + Brown, P.A.*  
SIGNATURE *BY: [Signature]* (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAJAN, ARIF 7800 US HWY 17-92, SUITE 182 FERN PARK, FL 32730 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>151 Southhall Lane, Suite 240</i> <i>Maitland, FL 32751</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEMANI, ALTAF 587 E STATE RD. #434 LONGWOOD, FL 32750 <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
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
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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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #