2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Apr 02, 2007 08:00 AM Secretary of State DOCUMENT # L03000023558 1. Entity Namo E.K.L. INVESTMENTS, LLC Principal Place of Business Mailing Address 1532 HALLIDAY LANE, SOUTH JACKSONVILLE FL 32207 1532 HALLIDAY LANE, SOUTH JACKSONVILLE FL 32207 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & Stato City & Stato 4. FEI Number Applied For 86-1113173 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desirod Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo LAWHON, KELLY E Street Address (P.O. Box Number is Not Acceptable) 1532 HALLIDAY LANE SOUTH JACKSONVILLE FL 32207 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, typed or printed name of registered agent and little if applicable. (NOTE, Registerod Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE ☐ Change ■ Addition NAME LAWHON, KARL É STRUET ADDRESS 1532 HALLIDAY LANE SOUTH STREET ADDRESS CITY - S1-7IP JACKSONVILLE FL 32207 CHY-ST-ZIP TITLE. Dolele HILE U000006864870 Change Addition NAMI 04/10/07-80001-019 50.00 STREET ADDRESS STREET ADDRESS CITY-ST-7/P CHY-ST-7IP Delete HILE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-71P CITY-ST-ZIP ☐ Delete IIILE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-S1-7P CITY-ST-ZIP 11. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect as if made under eath; 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.

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