2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L04000024772 02-27-2007 90079 035 ****50.00 1. Entity Name RON-DAVE INVESTMENTS, LLC Principal Place of Business Mailing Address P.O. BOX 32146 P.O. BOX 32146 SARASOTA, FL 34239 SARASOTA, FL 34239 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-0947311 Not Applicable Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RONESS, ARTHUR 1909 BUCGANEER DRIVE 1235 - 47th Street Street Address (P.O. Box Number is Not Acceptable) Sarasota, FL 34234 SARASOTA; FL-34231 City 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 egent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition DAVIDHEISER, ROBERT G MAME NAME STREET ADDRESS P O BOX 32146 STREET ADDRESS SARASOTA, FL 34239 CITY-ST-7IP CITY-ST-ZIP MGRM Delete ■ Addition TITLE TITLE RONESS, ARTHUR NAME 1235-47th Street STREET ADDRESS 1909 BUCCANFER DR STREET ADDRESS 34236 SAYLASOTA FL CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP MGRM ☐ Delete ■ Addition TITLE RONESS, ANN L NAME NAME 1735-47th Street 1909 BUCCANEER DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP 34234 SARASOTA, FL 34231 Sarasota, FL CITY-ST-7P ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE MILE ☐ Change STREET ADDRESS 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 Habitity company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

Feb 27, 2007 8:00 am