

**2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000050583

**FILED**  
**Dec 11, 2007**  
**Secretary of State****Entity Name:** ZEPHRYHILLS I INVESTMENT LLC**Current Principal Place of Business:**250 CRYSTAL GROVE BLVD  
LUTZ, FL 33548 US**New Principal Place of Business:****Current Mailing Address:**250 CRYSTAL GROVE BLVD  
LUTZ, FL 33548 US**New Mailing Address:****FEI Number:** 74-3125919**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GRIFFIN, ROBERT B  
19601 CRESCENT RD  
ODESSA, FL 33556 US**Name and Address of New Registered Agent:**GRIFFIN, LINDA P  
19601 CRESCENT RD  
ODESSA, FL 33556 US

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.

SIGNATURE: LINDA P GRIFFIN

12/11/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**Title: MGRM ( ) Delete  
Name: GRIFFIN, ROBERT B  
Address: 19601 CRESCENT RD  
City-St-Zip: ODESSA, FL 33556 USTitle: MGRM ( ) Delete  
Name: KELLER, MARK F  
Address: 10309 LAKE GROVE DR  
City-St-Zip: ODESSA, FL 33556 US**ADDITIONS/CHANGES:**Title: MGRM (X) Change ( ) Addition  
Name: GRIFFIN, LINDA P  
Address: 19601 CRESCENT RD  
City-St-Zip: ODESSA, FL 33556 USTitle: MGRM (X) Change ( ) Addition  
Name: KELLER, CYNTHIA  
Address: 10309 LAKE GROVE DR  
City-St-Zip: ODESSA, FL 33556 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LINDA P GRIFFIN

MM

12/11/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date