

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082220

Entity Name: C N R INVESTMENTS LLC

FILED
Jan 06, 2007
Secretary of State

Current Principal Place of Business:

464 SE 61ST COURT
OCALA, FL 34472 US

New Principal Place of Business:

9 FIR TRAIL
OCALA, FL 34472 US

Current Mailing Address:

464 SE 61ST COURT
OCALA, FL 34472 US

New Mailing Address:

P O BOX 830382
OCALA, FL 344830382 US

FEI Number: 90-0245692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIM, CAVANAUGH M
464 SE 61ST COURT
OCALA, FL 34472 US

Name and Address of New Registered Agent:

KIM, CAVANAUGH M
9 FIR TRAIL
OCALA, FL 34472 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: KIM M CAVANAUGH

01/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CAVANAUGH, KIM M
Address: 9 FIR TRAIL
City-St-Zip: OCALA, FL 34472 US

Title: MGR () Delete
Name: RUSSELL, GLENN
Address: 2660 SUNSET DRIVE
City-St-Zip: NEW SYMRNA BEACH, FL 32168 US

Title: MGR () Delete
Name: CAVANAUGH, CINDY
Address: 9 FIR TRAIL
City-St-Zip: OCALA, FL 34472

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: KIM M CAVANAUGH

MGR

01/06/2007

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