

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092922

Entity Name: FLR INVESTMENTS LC

FILED  
Jul 10, 2007  
Secretary of State

**Current Principal Place of Business:**

2640 WOOD POINTE DR.  
HOLIDAY, FL 34691

**New Principal Place of Business:**

20308 LACE CASCADE RD  
LAND O LAKES, FL 34637

**Current Mailing Address:**

2640 WOOD POINTE DR.  
HOLIDAY, FL 34691

**New Mailing Address:**

20308 LACE CASCADE RD  
LAND O LAKES, FL 34637

FEI Number: 90-0272906      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

MASTRODONATO, RON  
2640 WOOD POINTE DR.  
HOLIDAY, FL 34691      US

**Name and Address of New Registered Agent:**

MASTRODONATO, RON  
20308 LACE CASCADE RD  
LAND O LAKES, FL 34637      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:

07/10/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MASTRODONATO, RON  
Address: 2640 WOOD POINTE DR.  
City-St-Zip: HOLIDAY, FL 34691

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: MASTRODONATO, RON  
Address: 20308 LACE CASCADE RD  
City-St-Zip: LAND O LAKES, FL 34637

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: RON MASTRODONATO

MGR

07/10/2007

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