2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Mar 03, 2008 8:00 am **Secretary of State** DOCUMENT # L05000034532 03-03-2008 90408 014 ***138.75 1. Entity Name LDR FINANCIAL, LLC Principal Place of Business Mailing Address 2832 LA CONCHA DRIVE 2832 LA CONCHA DRIVE 60012258 CLEARWATER, FL 33762 CLEARWATER, FL 33762 02192008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-2421275 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE COHRS, DENIS A 2575 ULMERTON ROAD, SUITE 210 IN THIS SPACE CLEARWATER, FL 33762 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 Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITI F SCHULT 2 SCHOTZ, THOMAS NAME STREET ADDRESS 28322 LACONCHIA DR. LACONCHA CLEARWATER, FL CITY-ST-ZIP <u>33762</u> TITLE NAME STREET ADDRESS CITY+ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filling 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, THORIZED REPRESENTATIVE

FILED