

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000051312

Entity Name: HEDRICK & ORR, LLC

FILED
Feb 16, 2007
Secretary of State

Current Principal Place of Business:

32645 TRILBY ROAD
DADE CITY, FL 33523

New Principal Place of Business:

5275 S. STETSON PT.
HOMOSASSA, FL 34448

Current Mailing Address:

32645 TRILBY ROAD
DADE CITY, FL 33523

New Mailing Address:

5816 OAKMONT LANE
LAKELAND, FL 33812

FEI Number: 20-3085587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ORR, SCOTT D
32645 TRILBY ROAD
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

ORR, SCOTT D
5275 S. STETSON PT
HOMOSASSA, FL 34448 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:

02/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ORR, SCOTT D
Address: 32645 TRILBY ROAD
City-St-Zip: DADE CITY, FL 33523

Title: MGR () Delete
Name: HEDRICK, M. ERIC
Address: 5816 OAKMONT LANE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ORR, SCOTT D
Address: 5275 S. STETSON PT.
City-St-Zip: HOMOSASSA, FL 34448

Title: MGR (X) Change () Addition
Name: HEDRICK, M. ERIC
Address: 5816 OAKMONT LANE
City-St-Zip: LAKELAND, FL 33812

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: MARTY E. HEDRICK

MGR

02/16/2007

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