## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 03, 2006 8:00 am Secretary of State 03-22-2006 90288 028 \*\*\*\*50.00

DOCUMENT # L05000058822  1. Entity Name HDR INVESTMENTS, LLC							05-22-200	02	20	50.00
Principal Place of Business			Mailing Address			1				
610 E MAIN STREET LEESBURG, FL 34748			610 E MAIN STREET LEESBURG, FL 34748							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02272006	Chg-LLC	CR2E083 (	11/05)	
City & State			City & State			4. FEI Num	ber			oplied For ot Applicable
Zip		Country	Žip	Country		5. Certificate of Status Desired				
	6. Name	and Address of Current F	Registered Agent	Name		7. Name an	d Address of New I	Registered Agen	t _	
CAUTHEN, WILLIAM H ESQ 215 NORTH JOANNA AVENUE TAVARES, FL 32778						P.O. Box Number is Not Acceptable)				
_										
		•	•	City				FL	ip Cod	•
8. The above	named entit	y submits this statement for	the purpose of changing its	registered office	or register	ed agent, or b	oth, in the State of Fi		ar with,	and accept
uie conganons of registereo agent.										
SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent applicable invalved when reinstating)  OATE										
Filing Fee is \$50.00 Due by May 1, 2006								e check payat Department o		
9.	· ——	MANAGING MEMBER		10.			ADDITIONS	CHANGES		
TITLE	MGRM	N, WILLIAM H ESQ	Delets	TITLE NAME	MAN	NAGER	-	Ě	Change	Addition
STREET ADDRESS	610 E MA	IN STREET RG, FL 34748		STREET ADDRESS			orth Robuc! in Street,		, F	34748
MF			Detete	TITLE	1	-		0	hange	Addition
NAME STREET ADDRESS				NAME STREET ADDRESS					-	
CITY-ST-ZP				CITY-ST-ZIP	'					]
TITLE			☐ Detate	TITLE	1				hange	Addition
NAME STREET ADDRESS				NAME STREET ADDRESS	. ]					
CITY-ST-ZIP			_	CITY-SI-ZIP						
titre			☐ Defeta	IITLE					Change	Addition
STREET ADDRESS				NAME STREET ADDRESS	.					
CITY-ST-ZIP				CITY-ST-ZIP						İ
TITLE			Delete	TITLE				0.0	hange	Addition
NAME Street address				NAME STREET ADDRESS						İ
CITY-ST-ZP				CITY-S1-ZIP						
TIFLE			☐ Delete	TITLE					hange	☐ Addition
NAME STREET ADORESS				NAME STREET ADDRESS						1
CITY-ST-ZIP				CITY-SI-ZIP						
11. I hereby certify that the information supplied with this filing 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 eath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE: 1+ D Pales 201 HP Robuck, III 3/6/04 352 3143177										