## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: 1/500 1 1/200 00 PRINTED MANE OF SIGNING MANAGING HEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE HORACE DEROBUCK TITLE MICK

## FILED Apr 10, 2008 8:00 am Secretary of State 04-10-2008 90132 035 \*\*\*138.75

03/26/08

Date

352-314-3177 Daytime Phone #

				04	-10-2008 9013.	2 033 11136.73	
DOCUMENT # L05000058822  1. Entity Name HDR INVESTMENTS, LLC				<b></b>			
Principal Place of Business Mailing Address				·			
,							:
610 E MAIN STREET LEESBURG, FL 34748 LEESBURG, FL 34748 LEESBURG, FL 34748				138711511	n 88121 211N 87N 88N 88N	N 82181 8MB) 18121 17118 1188 11	(SB: (I) (SB:)
Principal Place of Business - No P.O. Box #     Mailing Address							
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		01072008	Chg-LLC	CR2E083 (12/06)	
City & State	City & State			4. FEI Numb	er PPLICABLE	<b>-</b>	plied For t Applicable
Zip Country	·	Coun	try	<u> </u>	e of Status Desired	□ \$5.00 Add Fee Require	
6. Name and Addr	ess of Current Registered Agent			7. Name an	d Address of New R	egistered Agent	
0441745444444444444444444444444444444444			Name  B D DORIGE TO ESCULTOR				
CAUTHEN, WILLIAM H ESQ 215 NORTH JOANNA AVENUE			H. D. ROBUCK, JR., ESQUIRE  Street Address (P.O. Box Number is Not Acceptable)				
TAVARES, FL 32778			610 E. MAIN STR		REET		
			Ci <b>XEES</b> I	BURG		FL Zip Code	e R
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 addicable. (NOTE: Registered Agent signature required when reinstating)  DATE					<u>.                                    </u>		
Signature, typed or printed name	ne or registered agent and little if applicable. (NC	I E: Hegistere	a Agent signature i	required when reinstating)	·	DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75					e check payable to a Department of State	В	
9. MAN	LIAGING MEMBERS/MANAGERS	10.			ADDITIONS /	CHANGES	
TITLE MGR	Delete	TITLE				☐ Change	Addition
NAME ROBUCK, HORAC		NAM	I				
'	STREET ADDRESS 610 EAST MAIN ST		ET ADDRESS				
CITY-ST-ZIP LEESBURG, FL 34	ry-st-zip LEESBURG, FL 34748		-ST-ZIP				
TITLE	Delete	TITLE	: 1	-		☐ Change	Addition
NAME		NAM	£				_
STREET ADDRESS	STR		ET ADDRESS				
CITY-ST-ZIP			-ST-ZIP				
TITLE	☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS		MAM	ET ADDRESS				
CITY-ST-ZIP			-ST-ZIP				-
TITLE	☐ Delete	TITLE				☐ Change	
NAME		NAM	I				
STREET ADDRESS		STRE	ET ADDRESS				
CITY-ST-ZIP		CITY	-ST-ZIP				
TITLE	☐ Delete	TITU	1			☐ Change	☐ Addition
NAME STREET ADDRESS		NAM	E et address				
CITY-ST-ZIP			-ST-ZIP				
TITLE	Delete	TITL				☐ Change	Addition
NAME		NAM	E				
STREET ADDRESS		STRE	ET ADDRESS				
CITY-ST-ZIP		CITY	-ST-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 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.							

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