2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L05000068607

Entity Name: EXODUS INVESTMENTS, LLC

Current Principal Place of Business:

PO BOX 1447
GOLDENROD, FL 32733

New Principal Place of Business:

809 HUCKLEBERRY LANE
WINTER SPRINGS, FL 32708

Current Mailing Address:

PO BOX 1447
GOLDENROD, FL 32733

New Mailing Address:

FEI Number: 20-3055855 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RHODEN, PAULA R
PO BOX 1447
GOLDENROD, FL 32733 US

Name and Address of New Registered Agent:

RHODEN, PAULA R
809 HUCKLEBERRY LANE
WINTER SPRINGS, FL 32708 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: PAULA R RHODEN 04/30/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: RHODEN, RAY O
Address: PO BOX 1447
City-St-Zip: GOLDENROD, FL 32733

Title: MGRM ( ) Delete
Name: RHODEN, PAULA R
Address: PO BOX 1447
City-St-Zip: GOLDENROD, FL 32733

Title: MGRM (X) Delete
Name: RAASCH, PAUL R
Address: 338 GRANDVIEW DR
City-St-Zip: LAKE OZARK, MO 65049

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: PAULA R RHODEN MGR 04/30/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date