2007 LIMITED LIABILITY COMPANY

ANNUAL REPORT FILED Mar 08, 2007 08:00 AM **DOCUMENT # L05000078939 Secretary of State** HOAGLAND INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 1254 S. JOHN YOUNG PARKWAY 1254 S. JOHN YOUNG PARKWAY KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 01032007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3282877 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHALIFOUX, THOMAS E JR. DO NOT WRITE 1254 S. JOHN YOUNG PARKWAY KISSIMMEE, FL 34741 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 U00000659635 03/16/07-80037-020_50_00 9. MANAGING MEMBERS/MANAGERS MGR TITLE CHALIFOUX, THOMAS E JR. NALE 1254 S. JOHN YOUNG PARKWAY STREET ADDRESS CITY-ST-ZIP KISSIMMEE, FL 34741 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

ation supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under outh; that I am a managing member or manager of the seceiver or truffee approvered to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that the informindicated on this report is trulimited liability company or the second company or the second company.

SIGNATURE:

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

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