2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 02, 2007 8:00 am Secretary of State 04-02-2007 90432 046 ****50 00 DOCUMENT # L05000081691 1. Entity Name RAINEY INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 60030994 4477 ECR 462 4477 ECR 462 WILDWOOD, FL 34785 WILDWOOD, FL 34785 01032007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4 FEI Number Applied For 20-3367476 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PULLUM, J. STEPHEN DO NOT WRITE 1330 W. CITIZENS BLVD., SUITE 701 FIRST FAMILY OAKS IN THIS SPACE LEESBURG, FL 34748 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 applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGRM TITLE NAME RAINEY, JAMES IKE 4477 ECR 462 STREET ADDRESS CITY-ST-ZIP WILDWOOD, FL 34785 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAM OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

FILED