2007 LIMITED LIABILITY COMPANY

FILED Feb 12, 2007 8:00 am Secretary of State 01-17-2007 90010 020 ****50.00

1. Entity Name HEBERT INVESTMENT GROUP, LLC					01-17-2007	90010 020	30.00	
Principal Place of Business 1635 ONON DAGA DRIVE GENEVA, FL 32732 US	Mailing Address 1635 ONON DAGA DRIV GENEVA, FL 32732	VE Us						
2. Principal Place of Business - No P.O. Box •	3. Mailing Address							
Suite, Apt. #. etc. Suite, Apt. #. e				01122007	Chg-LLC	CR2E083 (12	2/06)	
City & State	City & State			4. FETNumb	-4020	953	Applied For Not Applicable	
Zip Country	Zip	Country		5. Certificati	e of Status Desired		O Additionat equired	
6. Name and Address of Current	Registered Agent		Name	7. Name an	d Address of New R	agistered Agent	-	
1 1000 OHOH BAGA BILLYC			Street Address (F	is (P.O. Box Number is Not Acceptable)				
GENEVA, FL 32732		ľ	<u>,</u>					
		ľ	City		 	FL Zi	Code	
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								
SIGNATURE Signature, highed or printed nerms of requisivers against and alse if applicables (NOTE, in graining Against sequently invariately invariate								
Filing Fee is \$50.00 Due by May 1, 2007					Make check payable to Florida Department of State			
9. MANAGING MEMBE		10.			ADDITIONS/			
TITLE MGRM NAME HEBERT, JOHN E III STREET ADDRESS 1635 ONON DAGA DRIVE CITY-ST-ZP GENEVA, FL 32732	Celete	NAME STREET CITY-S	ADDRESS T. ZIP			□ Ch	ange 🗀 Addition	
TITLE MAME SIREET ADDRESS CITY-ST-ZPP	☐ Oelete	TITLE NAME STREET CITY-S	ADDRESS .			Cn Cn	ange 🔲 Addition	
TIFLE NAME STREET ADDRESS CITY'-ST-729	☐ Delete	TITLE HAME STREET CITY-S	ADDRESS T-ZIP		_	☐ Ch	ange [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Deteve	TITLE NAME STREET CITY-S	ADDRESS T-ZIP			☐ Ch	ange Addition	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	(Oelete	TITLE HAME STREET CITY-ST	ADDRESS T-ZIP			Ch	ange 🔲 Addition	
ITILE MAME SIREET ADDRESS CITY-ST-2P	[] Dek le	TITLE MAME STREET CITY-S	AODRESS 1-ZIP			□ Ch	ange 🔲 Addition	
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 cath; 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: SIGNATURE AND TYPED ON PRINTED BASE OF BUSINESS MANAGER MANAGER, OR AUTHORIZED REPRESENTATIVE OUT OF OUT OF THE PROPERTY OF THE PRO								