2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

FILED Jan 17, 2007 8:00 am Secretary of State

DOCUMENT # L06000012245 1. Entity Name HEARD INVESTMENTS, LLC								01-17-200	_				
Principal Place 3904 HALL O VALRICO, FL	5	Ţ	·			i sene enin espi com for	11 33101 16 12 1	DIA NUKI KITRI AM	FB1 H1 H 71 1				
2. Principal Pla	ace of Busin	ness - No P.O. Box #	3. Mailing Address	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			01062007	Chg-LLC	CR2E0	83 (12/06)			
City & State			City & State				4. FEI Numb 20 -	1 241383		No	plied For t Applicable		
Zip	- N	Country	Zip				5. Certificate of Status Desired Session Ses						
		and Address of Curre	nt Registered Agent	Name			7. Name and	Address of New H	egistered .	Agent			
HEARD, LA 3904 HALL VALRICO, I	OAK CO FL 3359	URT					Street Address (P.O. Box Number is Not Acceptable)						
	30 3 3 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	•						···	FL	Zíp 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
Fil Du	ing Fee le by Ma	is \$50.00 y 1, 2007					Make check payable to Florida Department of State						
9.		MANAGING MEM	IBERS/MANAGERS	10.		AA /	~ Ø 84	ADDITIONS	CHANGES		F7 4 1 (1)		
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ET ADDRESS	LAV 391	srm urence of Had Urico	M. H⊇A IDAK G+ F(3350		☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition		
TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Delete	1						☐ Change	Addition		
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Oelete		i					☐ Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_		☐ Delote							☐ Change	Addition		
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	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 oath; that I am a managing member or manager of the limited liability company or the resulting provided employered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:													

ENTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENT ATIVE

Date

Daytme Phone #