

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028951

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: HRA INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

3 POWELL COURT  
GLEN MILLS, PA 19342

**New Principal Place of Business:**

**Current Mailing Address:**

3 POWELL COURT  
GLEN MILLS, PA 19342

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CABRERA, SAMIR  
8801 COLLEGE PARKWAY  
SUITE 1  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DEMARCO, RAYMOND  
Address: 3 POWELL COURT  
City-St-Zip: GLEN MILLS, PA 19342

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: VITELLI, PATRICK  
Address: 2 POWELL COURT  
City-St-Zip: GLEN MILLS, PA 19342

Title: MGR ( ) Change (X) Addition  
Name: EDWARDS, JOSEPH  
Address: 1124 A TAYLOR AVE  
City-St-Zip: WEST CHESTER, PA 19380

I hereby certify that the information supplied with this filing does not qualify for the 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: RAYMOND DEMARCO MGRM 01/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date