

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000028951

FILED
May 06, 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:** 20-4529972**FEI Number Applied For ()****FEI Number Not Applicable ()****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:**SCHOFIELD, PETER
7785 GLADIOLUS DR
FORT MYERS, FL 33908 US

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: PETER SCHOFIELD

05/06/2007

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:** MGR (X) Delete
Name: VITELLI, PATRICK
Address: 2 POWELL COURT
City-St-Zip: GLEN MILLS, PA 19342**Title:** MGR (X) Delete
Name: EDWARDS, JOSEPH
Address: 1124 A TAYLOR AVE
City-St-Zip: WEST CHESTER, PA 19380**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

PRES

05/06/2007

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