2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Aug 20, 2007 8:00 am Secretary of State 08-20-2007 90376 001 ***100 00 DOCUMENT # L06000041366 KTR INVESTMENTS GROUP, LLC 30012451 Principal Place of Business Mailing Address 5612 REECH STREET 5612 BEECH STREET ZEPHYRHILLS, FL 33542 ZEPHYRHILLS, FL 33542 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 11248 Mansker Kond Suite, Apt. #, etc. 07062007 CR2E083 (12/06) Chg-LLC City & State 4. FEI Number Applied For City & State FL 20-47503*8*8 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RYMAN, KEVIN L 5612 BEECH STREET Street Address (P.O. Box Number is Not Acceptable) ZEPHYRHILLS, FL 33542 Zip 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 Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Co-Mgr. Kevin L. Ryman 11248 Hawsker Rd Change Kevin L. Ryman 5612 Beech Street Zephyrhills, Fr 33542 ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS Dade City, FL 33525 CITY-ST-ZIP CITY-ST-ZIP Co-Myr Kevin L. Ryman 5612 Beech Street Co. Light Kevin L. Kyrnan 11248 Hansker Rd. TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS Zephyr Wills, PL 33542 Dade lity, FL 33525 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TOTAL ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

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.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED