


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90029 006 \*\*\*\*50.00

**DOCUMENT # L06000064250**

1. Entity Name  
**TRG INVESTMENTS, LLC**



Principal Place of Business      Mailing Address  
**1700 EARL IRLO BRONSON HIGHWAY**      **1700 EARL IRLO BRONSON HIGHWAY**  
**ST. CLOUD, FL 34771**      **ST. CLOUD, FL 34771**

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2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**1700 E. IRLO BRONSON HWY**      **1700 E. IRLO BRONSON HWY**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



01092007    Chg-LLC    CR2E083 (12/06)

City & State      City & State  
**St. Cloud, FL**      **St. Cloud, FL**  
 Zip      Country      Zip      Country  
**34771**      **USA**      **34771**      **USA**

4. FEI Number      Applied For  
**20-5201922**       Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ROBERTSON, CHARLES B**  
**1700 EARL IRLO BRONSON HIGHWAY**  
**ST. CLOUD, FL 34771**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

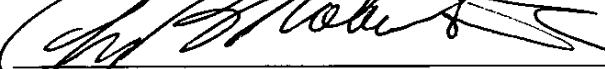
**Filing Fee is \$50.00**  
**Due by May 1, 2007**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		
TITLE <b>PRESIDENT</b>	NAME <b>CHARLES B. ROBERTSON</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>5190 HARKLEY RUNYAN RD.</b>	CITY-ST-ZIP <b>ST. CLOUD, FL 34771</b>	
TITLE <b>VICE PRESIDENT</b>	NAME <b>JUDITH A. ROBERTSON</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>5190 HARKLEY RUNYAN RD</b>	CITY-ST-ZIP <b>ST CLOUD, FL 34771</b>	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

10. ADDITIONS/CHANGES		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-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.

**SIGNATURE**       **4/16/07**      **(407) 892-8537**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #