2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

FILED **DOCUMENT # L06000064782** 2001 MAR 12 P 12: 35 ROBUCK FAMILY INVESTMENTS, LLC SECRETARY OF STATE TALBUMASSI ZFLORIDA Principal Place of Business Mailing Address 610 E. MAIN STREFT 610 E. MAIN STREET LEESBURG, FL 34748 LEESBURG, FL 34748 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite. Apr. #, etc. Suite. Ant. #. etc. 02082007 Chg-LLC CR2E083 (12/06) Applied For City & State City & State 4. FEI Number 20-5181410 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Namo ROBUCK, H.D. JR. Street Address (P.O. Box Number is Not Acceptable) 9345 SILVER LAKE DRIVE LEESBURG, FL 34748 Zip Code City FL 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. (NQTE: Regretered Agent signature required when reinstating) CATE Filing Fee Is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE T Delete MGRM ☐ Addition TITLE Change ROBUCK, H. D., JR. 610 E. MAIN STREET ROBUCK, H.D. NUME NAME STREET ADDRESS 610 E. MAIN STREET STREET ADDRESS LEESBURG, FL 34748 CITY-ST-ZP LEESBURG, FL 34748 CITY-ST-ZIP MLE Oelete TITLE MGRM Change Addition HDR INVESTMENTS, LLC 610 E. MAIN STREET KULE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEESBURG, FL 34748 mle ☐ Delete TITLE MGRM Change . Addition CFR INVESTMENTS, LLC 610 E. MAIN STREET NAME NULE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEESBURG, FL 34748 CITY-ST-7P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZP CITY-SI-ZP 11. Thereby 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.

TYPED OR POINTED THUS OF JOHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02/09/07

Cate

352-314-3177

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