2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Secretary of State DOCUMENT # L06000077159 02-19-2007 90194 048 ****50.00 1. Entity Namo MCRAE INVESTMENTS, LLC Mailing Address Principal Place of Business 1820 HIGHWAY 2 EAST GRACEVILLE FL 32440 1820 HIGHWAY 2 EAST GRACEVILLE FL 32440 . I (1881) N. B. Bekke skir still beik bedu **18**01 1800 under hije behek in behek in beh 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, ctc. 1st MOORE CR2E083 (10/06) City & State Applied For City & State 4. FEI Number Not Applicable Ζιp Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCRAE, C. FINLEY Stroct Address (P.O. Box Number is Not Acceptable) 1820 HIGHWAY 2 EAST **GRACEVILLE FL 32440** City 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 Squebure, typed or printed name of ropystereo agent and title if applicable. (NOTE: Registered Agent Eighteure required when revisitating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. 14111 TERLE Change ☐ Addition MGR NEASET MCRAE, C. FINLEY STREET ADORESS STREET ADDRESS 1820 HIGHWAY 2 EAST CITY-SI-7IP CITY-ST-7IP GRACEVILLE FL 32440 ☐ Delete felli ☐ Chance ☐ Addition HITC NAME NAMI STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-70 ☐ Delete 1100 ☐ Addition NAME NAM STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZW TITLE ☐ Change ☐ Addition Deteto HITE NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-71P CITY-ST-7P ☐ Delete TITLE ☐ Change ☐ Addition mu NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7P CITY - ST- ZIP ☐ Addition ☐ Delete HH ☐ Change THE NAME NAME STREET LADORESS SURFET ADDRESS CITY-ST-ZIP City-Si-712 11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; 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 O MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daylima Prone 8

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Mar 14, 2007 8:00 am