2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

May 01, 2007 8:00 am Secretary of State 05-01-2007 90332 007 ****50.00 DOCUMENT # L06000080087 RJR LONG TERM INVESTMENTS LLC DUU4/3/U Principal Place of Business Mailing Address 200 BRIGHTWATER DRIVE 200 BRIGHTWATER DRIVE UNIT 2 UNIT 2 CLEARWATER, FL 33767 CLEARWATER, FL 33767 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152007 Chg-LLC CR2E083 (12/06) 30 - 5364 City & State City & State Applied For Not Applicable Zip Country Country Zip \$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 Name ROGERS, ROLAND J Street Address (P.O. Box Number is Not Acceptable) 200 BRIGHTWATER DRIVE UNIT 2 CLEARWATER, FL 33767 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE ☐ Change ■ Addition NAME ROGERS, ROLAND J NAME STREET ADDRESS 200 BRIGHTWATER DRIVE UNIT 2 STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33767 CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete 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-ST-ZIP ☐ Change TITE F Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP Change Addition TITLE ☐ Delete TITLE

FILED

☐ Change

☐ Addition

c11: 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.

☐ Delete

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