2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L06000111083

Entity Name: DRY FALLS INVESTMENTS, LLC

Current Principal Place of Business:

310 W. COLLEGE AVE.
TALLAHASSEE, FL 323011406

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 150
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUCCIO, DIANE
310 W. COLLEGE AVE.
TALLAHASSEE, FL 323011406 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: MAXWELL-FERGUSON, SHARON
Address: 310 W. COLLEGE AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM ( ) Change (X) Addition
Name: FERGUSON, HOWELL L
Address: 310 W. COLLEGE AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

Title: MGRM ( ) Change (X) Addition
Name: FERGUSON, MEGAN L
Address: 310 W. COLLEGE AVENUE
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DIANE CUCCIO RA 04/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date