2008 LIMITED LIABILITY COMPANY

Apr 21, 2008 8:00 am Secretary of State **ANNUAL REPORT** 04-21-2008 90310 018 ***138.75 **DOCUMENT # L06000115856** 1. Entity Name LM INVESTMENTS I, LLC Principal Place of Business Mailing Address 60025759 **620 HILLCREST DRIVE 620 HILLCREST DRIVE** BRADENTON, FL 34209 BRADENTON, FL 34209 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-5990853 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RADEBACH, LARRY R Street Address (P.O. Box Number is Not Acceptable) 620 HILLCREST DRIVE BRADENTON, FL. 34209 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM TITLE ☐ Delete TITLE Change Addition RADEBACH, LARRY R NAME MARAE 620 HILLCREST DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34209 CITY-ST-ZIP MGRM ☐ Delete TITLE TITLE ☐ Change ☐ Addition RADEBACH, MARILYN NAME MAME STREET ADDRESS 620 HILLCREST DRIVE STREET ADDRESS BRADENTON, FL 34209 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Change

Addition

11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. Hurther 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP