2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L06000120266 01-25-2007 90091 011 ****50.00 WEKIVA INVESTMENTS, L.L.C. Principal Place of Business Mailing Address 5840 BAPTIST CAMP ROAD **5840 BAPTIST CAMP ROAD** APOPKA FL 32712 APOPKA, FL 32712 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 5714 Baptist Camp Road 5714 Baptist Camp Road Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 CR2E083 (12/06) Chg-LLC Applied For City & State City & State Apopka, FL 32712 Apopka, FL 32712 Not Applicable \$5.00 Additional Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Loomis, James R. Jr. Street Address (P.O. Box Number is Not Acceptable) LOOMIS, JAMES R JR 5840 BAPTIST CAMP ROAD 5714 Baptist Camp Road **APOPKA, FL 32712** ^{City} Apopka Zip Code 32712 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 tile if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. **MGRM** Change ☐ Addition TITLE ☐ Delete TITLE LOOMIS, JAMES R Loomis, James R. Jr. **5840 BAPTIST CAMP ROAD** STREET ADDRESS STREET ADDRESS 5714 Baptist Camp Road Apopka, FL 32712 CITY-ST-ZIP APOPKA, FL 32712 CITY-ST-ZIP **MGRM** ☐ Delete ☐ Change ☐ Addition LOOMIS, STEVEN P SR NAME NAME **4633 OAKHILL STREET** STREET ADDRESS STREET ADDRESS APOPKA, FL 32712 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TΠLF ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. 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. -22 07 SIGNATURE: Mariaging Member

FILED

Jan 25, 2007 8:00 am