2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

May 23, 2008 8:00 am Secretary of State **DOCUMENT #L07000029372** 04-25-2008 90026 050 ***138.75 NORTH STAR INVESTMENTS, LLC Principal Place of Business Mailing Address 30007360 6465 NORTH QUAIL HOLLOW ROAD 6465 NORTH QUAIL HOLLOW ROAD SUITE 400 · SUITE 400 MEMPHIS, TN 38120 US MEMPHIS, TN 38120 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202008 CR2E083 (12/06) Cha-LLC City & State City & State 4. FEI Number Applied For 20-8705418 Not Applicable Ziρ Country Zio 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 LANCASTER, JOHN J Street Address (P.O. Box Number is Not Acceptable) **500 SOUTH FLORIDA AVENUE** SUITE 800 LAKELAND, FL 33801 City Zio 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 little if epplicable. (NOTE: Registered Agent aignature required when reinstating) 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 9. ADDITIONS/CHANGES MGR TITLE TITLE ☐ Delete Change ☐ Addition HAME TRAMMELL, SHERRON RENEE NAME STREET ADDRESS 6465 NORTH QUAIL HOLLOW ROAD STREET ADORESS MEMPHIS, TN 38120 CITY-ST-ZIP CITY-ST-ZIP HILE Delete Ime Change ■ Addition 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-79 CITY- \$7 - 21P TITLE ☐ Delete TITLE ☐ Change Addition MALAF MAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS SUBJECT ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-719 11. I hereby certify that the information supplied with this filling 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.

Charles Trammell, Jr.

R. MANAGER, OR AUTHORIZED REPRESENTATIVE

Apr.21, 2008

(901) 794-2598

FILED