


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 03, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # L03000037773**

1. Entity Name  
**R & R ABARBANEL, L.L.C.**



Principal Place of Business <b>961 WOODVILLE HIGHWAY          CRAWFORDVILLE, FL 32327</b>	Mailing Address <b>961 WOODVILLE HIGHWAY          CRAWFORDVILLE, FL 32327</b>
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**DO NOT WRITE IN THIS SPACE**



03172008 No Chg-LLC      CR2E083 (12/07)

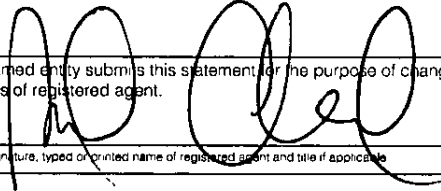
4. FEI Number <b>20-0631793</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ABARBANEL, RITA  
 3524 TRILLIUM COURT  
 TALLAHASSEE, FL 32312**

**DO NOT WRITE IN THIS SPACE**

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:       DATE: **3-17-08**

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**

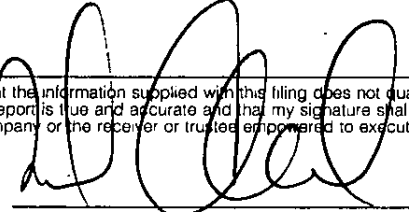
U00000880410  
 04/15/08-80060-018 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ABARBANEL, RITA 3524 TRILLIUM COURT TALLAHASSEE, FL 32312</b>
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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.

SIGNATURE:       Date: **3-17-08**      Daytime Phone #: **850421-4040**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #