

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000048672

Entity Name: P&R INVESTORS, LLC

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

9035 HOGANS BEND
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

9035 HOGANS BEND
TAMPA, FL 33647

New Mailing Address:

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

Name and Address of Current Registered Agent:

BARBER, MARK M
100 N TAMPA STREET STE 3500
TAMPA, FL 33602 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: MGRM () Delete
Name: ROMERA, ROBERT
Address: 9035 HOGANS BEND
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: ROMERA, LORRAINE
Address: 9035 HOGANS BEND
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: PINO, JOSEPH
Address: 31402 SHAKER CIR
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: MGRM () Delete
Name: PINO, MARINA
Address: 31402 SHAKER CIR
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LORRAINE ROMERA

MGRM

04/23/2009

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