

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004118

Entity Name: R&L ENTERPRISES, LLC

FILED
Jan 20, 2007
Secretary of State

Current Principal Place of Business:

645 NE 19TH AVE
FT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

645 NE 19TH AVE
FT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 75-2993108

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDSON, EUGENE B
645 NE 19TH AVE
FT LAUDERDALE, FL 33304 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: RICHARDSON, JOYCE R
Address: 645 N.E. 19TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGRM () Delete
Name: RICHARDSON, EUGENE B
Address: 645 N.E. 19TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGRM () Delete
Name: BATT, NANETTE M
Address: 2540 S.W. 102ND DRIVE
City-St-Zip: DAVIE, FL 33324

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: EUGENE B. RICHARDSON

MGRM

01/20/2007

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