2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000026992

1. Entity Name

H&R ENTERPRISES, LLC

Principal Place of Business

3231 SE MANICAMP RD OCALA, FL 34471

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

SYLVAN LEARNING CENTER



Mailing Address

8465 BOWDEN WAY WINDERMERE, FL 34786

FILED May 03, 2004 08:00-AM-Secretary of State



DO NOT WRITE IN THIS SPACE

03252004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 52-2387547

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

SHUFFIELD, W. CHARLES ESQ 315 F. ROBINSON STREET, SUITE 600

DO NOT WRITE

ORLANDO, FL 32801			IN THIS SPACE			
	named entity submits this statement for the purpose of char ions of registered agent.	nging its registere	d office or registered agent, or bot	th, in the State of Florida. I am	familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title If applicable.		(NOTE Registered	(NOTE Registered Agent signature required when reinstating) CATE			
Fi Di	ling Fee is \$50.00 ue by May 1, 2004		هداد والمحادث	<u> </u>		
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOEPSEL, RICHARD J 8466 BOWDEN WAY WINDERMERE, FL 34786	· · · · · · · ·	-	V00000153228	<u> </u>	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGR KOEPSEL, HEIDI 8465 BOWDEN WAY WINDERMERE, FL 34786			U00000153228 05/04/04-80119-014 50.00		
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11. I hereby certify that the information supplied with (its filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate after 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 trusfee empowered to execute this report as required by Chapter 608, Florida Statutes.						

F SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE