

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90018 011 \*\*\*\*50.00

**20037791**



<b>DOCUMENT # L02000026992</b> 1. Entity Name <b>H &amp; R ENTERPRISES, LLC</b>					
Principal Place of Business <b>SYLVAN LEARNING CENTER 3231 SE MANICAMP RD OCALA, FL 34471</b>			Mailing Address <b>8465 BOWDEN WAY WINDERMERE, FL 34786</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>339 Madeira Cr.</b> Suite, Apt. #, etc.		03312005    Chg-LLC    CR2E083 (10/03)  4. FEI Number <b>52-2387547</b> Applied For <input type="checkbox"/> Not Applicable  5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State		City & State <b>Tierra Verde, FL</b>			
Zip      Country		Zip      Country <b>33715</b>			
6. Name and Address of Current Registered Agent  <b>SHUFFIELD, W. CHARLES ESQ 315 E. ROBINSON STREET, SUITE 600 ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip 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 <span style="float: right;">4-15-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			Make check payable to <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>KOEPSSEL, RICHARD J</b> <b>8465 BOWDEN WAY</b> <b>WINDERMERE, FL 34786</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>339 Madeira Cr.</b> <b>Tierra Verde, FL 33715</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <b>KOEPSSEL, HEIDI</b> <b>8465 BOWDEN WAY</b> <b>WINDERMERE, FL 34786</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>339 Madeira Cr.</b> <b>Tierra Verde, FL 33715</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MGR</b> <b>Henry O. Thacker</b> <b>760 Everglades Ct.</b> <b>Titusville, FL 32780</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MGR</b> <b>Deborah Thacker</b> <b>760 Everglades Ct.</b> <b>Titusville, FL 32780</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.					
<b>SIGNATURE:</b>				4-15-05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date      Daytime Phone #</small>	