2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000026992

1. Entity Name
H & R ENTERPRISES, LLC

Principal Place of Business
SYLVAN LEARNING CENTER
3231 SE MANICAMP RD
OCALA, FL 34471

Mailing Address
339 MADEIRA CR
TIERRA VERDE, FL 33715

03312008No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2387547 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SHUFFIELD, W. CHARLES ESQ
315 E. ROBINSON STREET, SUITE 600
ORLANDO, FL 32801

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

H00000052445
05/03/06-80115-011 50.00

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KOEPSEL, RICHARD J
STREET ADDRESS	339 MADEIRA CR
CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	MGR
NAME	KOEPSEL, HEIDI
STREET ADDRESS	339 MADEIRA CR
CITY-ST-ZIP	TIERRA VERDE, FL 33715
TITLE	MGR
NAME	THACKER, HENRY O
STREET ADDRESS	760 EVERGLADES CT
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	MGR
NAME	THACKER, DEBORAH
STREET ADDRESS	760 EVERGLADES CT
CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 4/19/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #