

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 27, 2008 08:00 A
Secretary of State

DOCUMENT # L02000032900

1. Entity Name
T & R INVESTMENTS, LLC



Principal Place of Business
**12800 UNIVERSITY DRIVE
SUITE 350
FORT MYERS, FL 33907 US**

Mailing Address
**12800 UNIVERSITY DRIVE
SUITE 350
FORT MYERS, FL 33907 US**



02182008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1450945

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BOLANOS TRUXTON, PA
12800 UNIVERSITY DRIVE
SUITE 350
FORT MYERS, FL 33907**

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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) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TASMAN, GARY L
STREET ADDRESS	6627 DANIEL COURT
CITY- ST- ZIP	FORT MYERS, FL 33908
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U000000371578
04/10/08-80004-005 138.75

**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: *[Signature]* 3/5/08 239.470-9646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #