


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # L03000028790 1. Entity Name D & R, LLC	
--	---

Principal Place of Business 1026 EMERALD CREEK DRIVE VALRICO, FL 33594	Mailing Address 1026 EMERALD CREEK DRIVE VALRICO, FL 33594
--	--

DO NOT WRITE IN THIS SPACE



04122007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0731364	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent PATEL, KAMLESH H 1211 N. WESTSHORE BLVD. SUITE 104 TAMPA, FL 33607
--

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

**Filing Fee is \$50.00
Due by May 1, 2007**

1100000707277
04/24/07-80068-025 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, LATA M 1026 EMERALD CREEK DRIVE VALRICO, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, DHRUV M 1026 EMERALD CREEK DRIVE VALRICO, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATEL, RUSHI M 1026 EMERALD CREEK DRIVE VALRICO, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: *Indate* **4.13.07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #