


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000031958</b> 1. Entity Name R & L FAMILY, LLC	
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Principal Place of Business 453 N. KIRKMAN ROAD ORLANDO, FL 32811	Mailing Address 453 N. KIRKMAN ROAD ORLANDO, FL 32811
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<b>DO NOT WRITE IN THIS SPACE</b>
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01252006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  KANE, STEVEN H 557 N. WYMORE ROAD, SUITE 100 MAITLAND, FL 32751
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<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2006**

U88000429463  
02/22/06-80009-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, ROBERT S 5168 FAIRWAY OAKS DRIVE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERTS, LOIS ANN 5168 FAIRWAY OAKS DRIVE WINDERMERE, FL 34786
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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 606, Florida Statutes.

**SIGNATURE:**  **2/7/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #