


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000024406

1. Entity Name
R & A ASSOCIATES, L.L.C.



Principal Place of Business 659 BOUNDARY BOULEVARD ROTONDA WEST, FL 33947	Mailing Address 659 BOUNDARY BOULEVARD ROTONDA WEST, FL 33947
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DO NOT WRITE IN THIS SPACE



01172007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0984827	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RENAUD, CAROLYN
 659 BOUNDARY BOULEVARD
 ROTONDA WEST, FL 33947**

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

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

01/24/07-80080-014 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, DENNIS T 659 BOUNDARY BLVD ROTONDA WEST, FL 33947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RENAUD, CAROLYN F 659 BOUNDARY BLVD ROTONDA WEST, FL 33947
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 608, Florida Statutes.

SIGNATURE: *Carolyn Renaud* **1/18/07** **941-697-6874**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #