## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028393

Entity Name: L & R APARTMENTS, LLC

FILED Jan 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3073 NW 30TH WAY BOCA RATON, FL 33432

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 272123 BOCA RATON, FL 33427

FEI Number: 20-0993370 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRICK, WILLIAM W JR. ODEN, ROBERT F 1216 EAST ATLANTIC BLVD.

800 S. ANDREWS AVENUE SUITE 204 SUITE 7

POMPANO BEACH, FL 33060 US FORT LAUDERDALE, FL 33316 US

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.

SIGNATURE: ROBERT ODEN 01/27/2009

> Electronic Signature of Registered Agent Date

> > ADDITIONS/CHANGES:

MANAGING MEMBERS/MANAGERS:

MGRM Title: (X) Change ( ) Addition () Delete ODEN, ROBERT F TR ODEN, ROBERT F TRUSTEE Name: Name:

Address: P.O. BOX 272123 Address: P.O. BOX 272123 City-St-Zip: BOCA RATON, FL 334272123 City-St-Zip: BOCA RATON, FL 334272123

Title: MGRM Title: MGRM

() Delete (X) Change ( ) Addition Name: ODEN, LILIA TR Name: ODEN, LILIA TRUSTEE Address: P.O. BOX 272123 Address: P.O. BOX 272123

City-St-Zip: BOCA RATON, FL 334272123 City-St-Zip: BOCA RATON, FL 334272123

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LILIA ODEN **MGRM** 01/27/2009