


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90020 010 ****55.00

DOCUMENT # L04000030426	
1. Entity Name R. L. & L., L.L.C.	

Principal Place of Business 3907 LAKESIDE RESERVE LANE ORLANDO FL 32810	Mailing Address 3907 LAKESIDE RESERVE LANE ORLANDO FL 32810
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2. Principal Place of Business 800 SPRING VALLEY ROAD	3. Mailing Address 800 SPRING VALLEY ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State ALTAMONTE SPRINGS, FL	City & State ALTAMONTE SPRINGS, FL
Zip 32714	Country USA
Zip 32714	Country USA

4. FEI Number 20-1056680	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent VEGLIO, LAURA MARIE 3907 LAKESIDE RESERVE LANE ORLANDO FL 32810	
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7. Name and Address of New Registered Agent Name VEGLIO, LAURA MARIE Street Address (P.O. Box Number is Not Acceptable) 800 SPRING VALLEY ROAD City ALTAMONTE SPRINGS FL Zip Code 32714	
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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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VOSE, RITA LOUISE MEMBER 19 HIGH MEADOW ROAD ENFIELD CT 06082 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VEGLIO, LAURA MARIE MEMBER 3907 LAKESIDE RESERVE LANE ORLANDO FL 32810 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VEGLIO, LAURA MARIE MEMBER 800 SPRING VALLEY ROAD ALTAMONTE SPRINGS, FL 32714 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #