

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000046069

Entity Name: R & L VENTURES LLC

FILED
Jan 17, 2008
Secretary of State

Current Principal Place of Business:

6862 VAN CAMP STREET
NORTH PORT, FL 34286 US

New Principal Place of Business:

6862 VAN CAMP STREET
NORTH PORT, FL 34291 US

Current Mailing Address:

6862 VAN CAMP STREET
NORTH PORT, FL 34286 US

New Mailing Address:

6862 VAN CAMP STREET
NORTH PORT, FL 34291 US

FEI Number: 20-1261910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, JAMES R
6862 VAN CAMP STREET
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

BUTLER, JAMES R
6862 VAN CAMP STREET
NORTH PORT, FL 34291 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: JAMES R. BUTLER

01/17/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BUTLER, JAMES R
Address: 6862 VAN CAMP STREET
City-St-Zip: NORTH PORT, FL 34286 US

Title: MGR () Delete
Name: BUTLER, LENE
Address: 6862 VAN CAMP STREET
City-St-Zip: NORTH PORT, FL 34286 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BUTLER, JAMES R
Address: 6862 VAN CAMP STREET
City-St-Zip: NORTH PORT, FL 34291 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES R. BUTLER

PRES

01/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date