


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L04000047010 1. Entity Name L & G ASSOCIATES, LLC |  |
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| Principal Place of Business 315 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118 | Mailing Address 315 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118 |
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04282008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 20-1303110 | 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 FINCKE, GERALD B 315 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118 |
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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) DATE

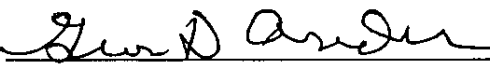
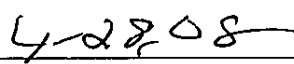
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000936854
05/27/08-80025-019 138.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM STEPHENS, LARRY J PO BOX 10971 DAYTONA BEACH, FL 32120 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ANDERSON, GEORGE D 315 N. ATLANTIC AVENUE DAYTONA BEACH, FL 32118 |
| 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:  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #