


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90008 002 ****50.00

DOCUMENT # L04000066456

1. Entity Name
A & R HOLDINGS, LLC



Principal Place of Business
**8643 S.E. SEAGRAPE WAY
 HOBE SOUND FL 33455**

Mailing Address
**8643 S.E. SEAGRAPE WAY
 HOBE SOUND FL 33455**



2. Principal Place of Business
11610 Aviation Blvd.

3. Mailing Address
111 Montana Drive

Suite, Apt. #, etc.

2nd MOORE CR2E083 (4/06)

City & State
West Palm Beach, FL

City & State
Kennett Square, PA

Zip
33412

Country
USA

Zip
19348

Country
USA

4. FEI Number **20-1618113**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DUFF, ALLEN N
 8643 S.E. SEAGRAPE WAY
 HOBE SOUND FL 33455**

7. Name and Address of New Registered Agent

Name
William M Duff

Street Address (P.O. Box Number is Not Acceptable)
7082 Via Firenze

City
Boca Raton **FL** Zip Code
33433

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 *William M Duff* (NOTE: Registered Agent signature required when reinstating) DATE *8/23/06*

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DUFF, ALLEN N 8643 S.E. SEAGRAPE WAY HOBE SOUND FL 33455	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DUFF, ALLEN N 111 Montana Drive Kennett Square, PA 19348	<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	MGRM DUFF, ALLEN N 111 Montana Drive Kennett Square, PA 19348	<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
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 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: *Allen N Duff MGRM* DATE: *9/1/06* DAYTIME PHONE #: *484 899 8004*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE