


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2006 8:00 am**  
**Secretary of State**

03-30-2006 90193 045 \*\*\*\*50.00

<b>DOCUMENT # L04000074868</b> 1. Entity Name <b>N &amp; R, LLC</b>					
Principal Place of Business <b>459 PINE HOLLOW COURT BALLWIN, MO 63021</b>			Mailing Address <b>459 PINE HOLLOW COURT BALLWIN, MO 63021</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-1823387</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>VACATIONER SHOPPE, INC. C/O SUSAN L. BELL 4526 N. LAKEWOOD DRIVE PARKER, FL 32404</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LAWRENCE, THOMAS W JR 459 PINE HOLLOW COURT BALLWIN, MO 63021</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
<b>SIGNATURE:</b> <i>Thomas W. Lawrence Jr.</i> <b>Thomas W. Lawrence Jr.</b> <b>3/26/2006</b> <b>636-391-6435</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <small>Date</small> <small>Daytime Phone #</small> <div style="text-align: center; margin-top: 10px;"> <i>Trustee</i> </div>					

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02122006 Chg-LLC CR2E083 (11/05)