2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# L05000025228

Entity Name: R & A ENTERPRISES, L.L.C.

Current Principal Place of Business:

PO BOX 5271
4487 WOODBRIDGE RD
NICEVILLE, FL 32578

New Principal Place of Business:

4487 WOODBRIDGE RD
NICEVILLE, FL 32578

Current Mailing Address:

PO BOX 5271
4487 WOODBRIDGE RD
NICEVILLE, FL 32578

New Mailing Address:

PO BOX 134
NICEVILLE, FL 32588

FEI Number: 42-1663093 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUPLECHIN, D. JAMES
4487 WOODBRIDGE RD
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DUPLECHIN, JAMES D
Address: 4487 WOODBRIDGE RD
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM ( ) Delete
Name: DUPLECHJIN, DEBORAH M
Address: 4487 WILDBRIDGE RD
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DUPLECHIN, D. JAMES
Address: 4487 WOODBRIDGE RD
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM (X) Change ( ) Addition
Name: DUPLECHIN, DEBORAH M
Address: 4487 WOODBRIDGE RD
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the 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: D. JAMES DUPLECHIN MGRM 04/11/2007

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