## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053250

Entity Name: THE L & A, LLC

City-St-Zip:

TITUSVILLE, FL 32780

FILED Sep 09, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3734 SAWGRASS DRIVE 795 SE PORT ST LUCIE BLVD TITUSVILLE, FL 32780 PORT ST LUCIE, FL 34984 **Current Mailing Address: New Mailing Address:** 3734 SAWGRASS DRIVE 8418 S US HWY 1 TITUSVILLE, FL 32780 LAKES PLAZA PORT ST LUICE, FL 34952 FEI Number: 20-2901586 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BIRAN C HERNDON, PA BIRAN C HERNDON, PA 800 VIRGINIA AVE 8418 S US HWY 1 LAKES PLAZA STE 38-I FORT PIERCE, FL 34982 US PORT ST LUCIE, FL 34952 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: BIRAN HERNDON 09/09/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete ROSAL CORPORATION. Name: Name: Address: 3734 SAWGRASS DRIVE Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: VACHON, ROGER Name: Address: 3734 SAWGRASS DRIVE Address: City-St-Zip: TITUSVILLE, FL 32780 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition VACHON, SALLY Name: Name: 3734 SAWGRASS DRIVE Address: Address:

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.

City-St-Zip:

SIGNATURE: ROGER VACHON MGRM 09/09/2006