
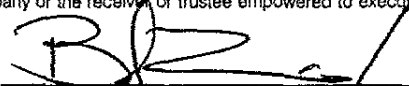


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000079132 1. Entity Name L & R INVESTORS, L.L.C.		
Principal Place of Business 8101 PARK BLVD MIAMI, FL 33126	Mailing Address 8101 PARK BLVD MIAMI, FL 33126	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RUIZ, ROBERT J 8101 PARK BLVD MIAMI, FL 33126		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
UD00000614422 02/06/07-80028-014 55.00		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUIZ, ROBERT J 8101 PARK BLVD MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RODRIGUEZ, LISANDRO 8101 PARK BLVD MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		1-26-07 305-552-7777
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>



01172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-3260555

Applied For
Not Applicable

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