### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

#### **DOCUMENT # L05000093774**

1. Entity Name

O & R INVESTMENTS, LLC



FILED
May 03, 2007 08:00 AM
Secretary of State

Principal Place of Business

311 MORSE BLVD.

APT. 6-19 WINTER PARK, FL 32789 Mailing Address

311 MORSE BLVD.

APT. 6-19

WINTER PARK, FL 32789 US



04302007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-3535061 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

OTERO, CESAR J 311 MORSE BLVD. APT. 6-19 WINTER PARK, FL 32789

# DO NOT WRITE IN THIS SPACE

8.	h. 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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

#### Filing Fee is \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OTERO & ASSOCIATES, INC. 311 MORSE BLVD. #8-19 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RED INVESTMENTS CORP. 106 SATSUMA DRIVE ALTAMONTE SPRINGS, FL 32714
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11. I hereby	certify that the information supplied with this filing does not qualify for the e

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# DO NOT WRITE IN THIS SPACE

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: Carrer of lelle

9/

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

Date

Daytime Phone #