

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90047 031 ***138.75

DOCUMENT # L05000097875					
1. Entity Name R AND L PROPERTIES, LLC					
Principal Place of Business 4016 W. HENDERSON BLVD. TAMPA, FL 33629			Mailing Address 4016 W. HENDERSON BLVD. TAMPA, FL 33629		
2. Principal Place of Business - No P.O. Box # 4016 Henderson Blvd		3. Mailing Address 4016 Henderson Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01182008 Chg-LLC CR2E083 (12/06)	
City & State TAMPA FL		City & State TAMPA FL		4. FEI Number 54-2185110	
Zip 33629		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LOVINGER, LYNNE 4016 W. HENDERSON BLVD. TAMPA, FL 33629			7. Name and Address of New Registered Agent Name: Lovinger, Lynne Street Address (P.O. Box Number is Not Acceptable): 4016 Henderson Blvd City: TAMPA FL Zip Code: 33629		
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: Lynne Lovinger MGR 1-18-08 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to: Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME LOVINGER, RICHARD STREET ADDRESS 4016 HENDERSON BLVD CITY-ST-ZIP TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGRM NAME LOVINGER, LYNNE STREET ADDRESS 4016 HENDERSON BLVD STE #E CITY-ST-ZIP TAMPA, FL 33629	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Rich Lovinger Mgr 1-18-08 813-837-2699			<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		