

**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.

City & State  
**TAMPA FL**

City & State  
**TAMPA FL**

Zip  
**33629**

Country

Zip  
**33629**

Country



01182008 Chg-LLC CR2E083 (12/06)

**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**

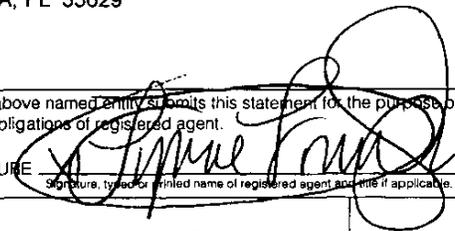
Street Address (P.O. Box Number is Not Acceptable)  
**4016 Henderson Blvd**

City  
**TAMPA**

State  
**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** DATE **1-18-08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

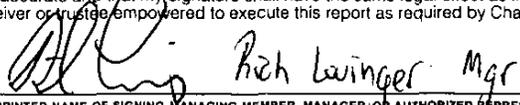
**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOVINGER, RICHARD 4016 HENDERSON BLVD TAMPA, FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVINGER, LYNNE 4016 HENDERSON BLVD STE #E TAMPA, FL 33629	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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** DATE **1-18-08** Daytime Phone # **813-837-2699**

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