
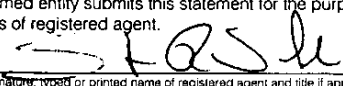
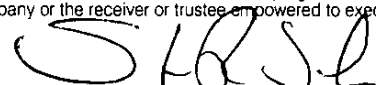


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90115 038 ****50.00

DOCUMENT # L06000008261 1. Entity Name L & S OF INDIAN RIVER, LLC			
Principal Place of Business 3240 CARDINAL DRIVE VERO BEACH, FL 32963		Mailing Address 3240 CARDINAL DRIVE VERO BEACH, FL 32963	
2. Principal Place of Business - No P.O. Box # 947 20TH PLACE		3. Mailing Address 947 20TH PLACE	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State VERO BEACH FL		City & State VERO BEACH FL	
Zip 32960		Zip 32960	
Country 		Country 	
4. FEI Number 26-0471345		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GARRIS, CHARLES E 819 BEACHLAND BOULEVARD VERO BEACH, FL 32963		7. Name and Address of New Registered Agent Name STEVEN R. SCHLITT Street Address (P.O. Box Number is Not Acceptable) 1209 U.S. HIGHWAY 1 City SEBASTIAN FL Zip Code 32958	
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 		DATE 7/5/07	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHLITT, STEVEN R 3240 CARDINAL DRIVE VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHLITT, STEVEN R. 1209 U.S. HIGHWAY 1 SEBASTIAN, FL 32958 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, LINDA S 3240 CARDINAL DRIVE VERO BEACH, FL 32963 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GONZALEZ, LINDA S. 1209 U.S. HIGHWAY 1 SEBASTIAN, FL 32958 <input checked="" 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: 		DATE 7/5/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	