## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L06000009224

1. Entity Name

L & L ENTERPRISES OF INDIAN RIVER COUNTY, LLC



FILED Jan 16, 2008 08:00 AN Secretary of State

Principal Place of Business

655 40TH AVE. S.W. VERO BEACH, FL 32968 Mailing Address

655 40TH AVE. S.W. VERO BEACH, FL 32968



01102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For	
NOT APPLICABLE	Not Applicable	
5. Certificate of Status Desired	\$5.00 Additional	

## DO NOT WRITE IN THIS SPACE

6. Name and Address or Current Registered Agent

E. STEVEN LAUER, P.A. 3426 OCEAN DRIVE VERO BEACH, FL 32963

SIGNATURE

DO NOT WRITE IN THIS SPACE

FILE NOW!II FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75   9. MANAGING MEMBERS/MANAGERS  IIILE MARE LIVINGSTON, RUTH E 655 40TH AVE. S.W. VERO BEACH, FL 32968  TILE NAME SIREET ADDRESS CITY-ST-ZP  TITLE NAME SIREET ADDRESS CITY-ST-ZP  IIILE NAME SIREET ADDRESS CITY-ST-ZP  TITLE NAME SIRET ADDRE	SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME NAME NAME NAME NAME NAME NAM				
NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	9.			
STREET ADDRESS   CITY-ST-ZIP   VERO BEACH, FL 32968	1			
TITLE NAME SIRET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME SIRET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME NAME NAME NAME NAM				
TITLE			A STATE OF THE STA	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE			
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME			######################################
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME	-			140000 40000 3 PO 10 10 10 10 10 10 10 10 10 10 10 10 10
NAME STREET ADDRESS CITY-ST-ZIP  IIILE NAME STREET ADDRESS CITY-ST-ZIP  IIILE NAME STREET ADDRESS CITY-ST-ZIP  IIILE NAME NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP  IITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP				
CITY-ST-ZIP  IITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	l i	•	A STATE OF THE PARTY OF THE PAR	
NAME STREET ADDRESS CITY- ST- ZIP  TITLE NAME STREET ADDRESS CITY- ST- ZIP  TITLE NAME NAME				WRITE
NAME STREET ADDRESS CITY- ST- ZIP  TITLE NAME STREET ADDRESS CITY- ST- ZIP  TITLE NAME NAME	TITLE			SPACE
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME	NAME			
TITLE NAME STREET ADDRESS C/TY- ST- Z/IP  TITLE NAME	•			
NAME STREET ADDRESS C/TY- ST-ZIP  TITLE NAME				
STREET ADDRESS C/TY- ST-ZIP  TITLE NAME			25.00 - 25.00	
TITLE NAME				
NAME	CITY-ST-ZIP			The state of the s
	TITLE			
STREET ADDRESS   STREET				
CITY-ST-ZIP				

CHORIZED REPRESENTATIVE

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