


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90161 046 \*\*\*\*50.00

DOCUMENT # L06000010731			
1. Entity Name T&R MANAGEMENT, LLC			
Principal Place of Business 1205 PAMELA SUE CT. PLANT CITY FL 33567-8036		Mailing Address 1205 PAMELA SUE CT. PLANT CITY FL 33567-8036	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>65-1272593</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	



1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOVEJOY, THOMAS A 1205 PAMELA SUE CT. PLANT CITY FL 33567-8036		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 T. A. Lovejoy JA Hovey 2-27-07  
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent's signature service when re-signing) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVEJOY, MARGARET B		NAME		
STREET ADDRESS	1205 PAMELA SUE CT.		STREET ADDRESS		
CITY- ST- ZIP	PLANT CITY FL 33567-8036		CITY- ST- ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, RANDALL V		NAME		
STREET ADDRESS	1205 PAMELA SUE CT.		STREET ADDRESS		
CITY- ST- ZIP	PLANT CITY FL 33567-8036		CITY- ST- ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, VIVIAN M		NAME		
STREET ADDRESS	1205 PAMELA SUE CT.		STREET ADDRESS		
CITY- ST- ZIP	PLANT CITY FL 33567-8036		CITY- ST- ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVEJOY, THOMAS		NAME		
STREET ADDRESS	1205 PAMELA SUE CT.		STREET ADDRESS		
CITY- ST- ZIP	PLANT CITY FL 33567-8036		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: JA Hovey 3-6-07 863-668-5200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #