


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 04, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L06000010731 1. Entity Name T&R MANAGEMENT, LLC	
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Principal Place of Business 1205 PAMELA SUE CT. PLANT CITY, FL 33567-8036	Mailing Address 1205 PAMELA SUE CT. PLANT CITY, FL 33567-8036
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01172008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1272593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  LOVEJOY, THOMAS A 1205 PAMELA SUE CT. PLANT CITY, FL 33567-8036
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**DO NOT WRITE IN THIS SPACE**

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

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

000000847328  
03/13/08-80014-022 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOVEJOY, MARGARET B 1205 PAMELA SUE CT. PLANT CITY, FL 335678036
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM HARRIS, RANDALL V 1205 PAMELA SUE CT. PLANT CITY, FL 335678036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRIS, VIVIAN M 1205 PAMELA SUE CT. PLANT CITY, FL 335678036
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM LOVEJOY, THOMAS 1205 PAMELA SUE CT. PLANT CITY, FL 335678036
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Thomas A Lovejoy 2-25-08 863.668.5200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #