FILED
Jun 04, 2007 8:00 am
Secretary of State

04-26-2007 90030 043 ****50.00

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000011723

1. Entity Name
L & R PROPERTIES-FRUITLAND PARK, LLC

Principal Place of Business	Mailing Address
3320 SOUTH U.S. HIGHWAY 27/441 FRUITLAND PARK, FL 34731	3320 SOUTH U.S. HIGHWAY 27/441 FRUITLAND PARK, FL 34731

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2160 Highway 27/441		2160 Highway 27/441	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Fruitland Park, FL		City & State: Fruitland Park, FL	
Zip: 34731	Country: USA	Zip: 34731	Country: USA

4. FEI Number 20-4191201 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, LARRY M
3320 SOUTH U.S. HIGHWAY 27/441
FRUITLAND PARK, FL 34731

7. Name and Address of New Registered Agent

Name: Larry M Phillips
Street Address (P.O. Box Number is Not Acceptable): 2160 Highway 27/441
City: Fruitland Park FL Zip Code: 34731

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 [signature] 4/24/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PHILLIPS, LARRY M 3320 SOUTH U.S. HIGHWAY 27/441 FRUITLAND PARK, FL 34731	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgr Larry M. Phillips 2160 Highway 27/441 Fruitland Park, FL 34731	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #