

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L06000011723	
1. Entity Name L & R PROPERTIES-FRUITLAND PARK, LLC	

30009711

Principal Place of Business 3320 SOUTH U.S. HIGHWAY 27/441 FRUITLAND PARK, FL 34731	Mailing Address 3320 SOUTH U.S. HIGHWAY 27/441 FRUITLAND PARK, FL 34731
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2. Principal Place of Business - No P.O. Box # 2160 Highway 27/441	3. Mailing Address 2160 Highway 27/441
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03272007 Chg-LLC CR2E083 (12/06)

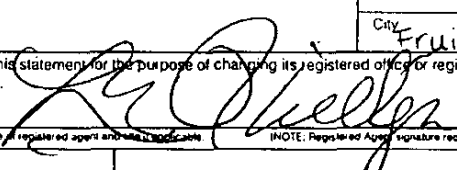
City & State Fruitland Park, FL	City & State Fruitland Park, FL
Zip 34731	Zip 34731
Country USA	Country USA

4. FEI Number 20-4191201	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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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
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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.

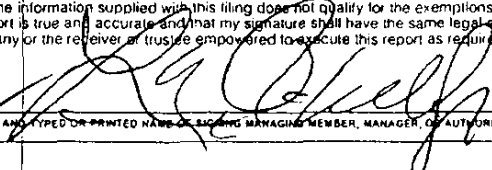
SIGNATURE  DATE 4/24/07
Signature, typed or printed name of registered agent and date (if applicable) (NOTE: Registered Agent signature required when reappointing)

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
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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:  DATE 4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE