2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Apr 26, 2007 8:00 am
Secretary of State
04-26-2007 90030 044 ****50.00

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04112007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L06000011737

1. Entity Name
L & R PROPERTIES-HOMOSASSA, 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: United States	Zip: 34731 Country: United States

4. FEI Number: 20-4191260 ☐ 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
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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: [signature] 4/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #