2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000098248

1. Entity Name
R & D STRATEGIES, LLC

Principal Place of Business	Mailing Address
6753 KINGSPOINTE PARKWAY SUITE # 107 ORLANDO, FL 32819	6753 KINGSPOINTE PARKWAY SUITE # 107 ORLANDO, FL 32819
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

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02202007   Chg-LLC   CR2E083 (12/06)

4. FEI Number 20-5810572

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DRAVES, DONNA L ESQ. 120 EAST CONCORD STREET ORLANDO, FL 32801	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 _____

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	MGR	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	NETANE, LAVINIA		NAME	
STREET ADDRESS	6753 KINGSPOINTE PARKWAY, SUITE 107		STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE MGR	☐ Change ☑ Addition
NAME			NAME JOHN MALO	
STREET ADDRESS			STREET ADDRESS 6753 KINGSPOINTE PKWY, SUITE 107	
CITY-ST-ZIP			CITY-ST-ZIP ORLANDO, FL 32819	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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 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: _____   2/28/07   407·812·6100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #