

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Apr 28, 2008 8:00 am
Secretary of State

03-24-2008 90241 028 ***138.75

DOCUMENT # L07000018208
 1. Entity Name
DILLIGAF R&L, LLC



Principal Place of Business
**400 BOWIE LANE
 KEY LARGO FL 33037**

Mailing Address
**400 BOWIE LANE
 KEY LARGO FL 33037**

30004997



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State
 Zip Country

4. FEI Number
20-8592628

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**PERKINS, RONALD J SR
 400 BOWIE LANE
 KEY LARGO FL 33037**

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and fee filer (if not the registered agent) NOTE: Registered Agent is a public requirement when registering.

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RONALD J. PERKINS SR 400 BOWIE LANE KEY LARGO, FLORIDA 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT LINDA D. PERKINS 400 BOWIE LANE KEY LARGO, FLORIDA 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LINDA D. PERKINS 400 BOWIE LANE KEY LARGO, FLORIDA 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 60B, Florida Statutes.

SIGNATURE: Ronald J Perkins, Sr. **Ronald J Perkins, Sr.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 3/10/07 Digital Print # 3054512808