


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2008 8:00 am
Secretary of State

01-16-2008 90054 007 ***138.75

DOCUMENT # L07000044521	
1. Entity Name D & R, LLC.	

Principal Place of Business 1108 ARLAINE RD BROOKSVILLE, FL 34604 US	Mailing Address 1108 ARLAINE RD BROOKSVILLE, FL 34604 US
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60001040



2. Principal Place of Business - No P.O. Box # 1108 Arlanic Rd.	3. Mailing Address 1108 Arlanic Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01072008 Chg-LLC CR2E083 (12/06)

City & State Brooksville, FL	City & State Brooksville, FL
Zip 34604	Zip 34604
Country US	Country US

4. FEI Number 20-8433901	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent NELSON, SCOTT F 4890 W KENNEDY BLVD 240 TAMPA, FL 33609	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAY, ROGER H 12242 CHASTAIN ST SPRING HILL, FL 34609 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAY, ROGER H. 1108 Arlanic Rd. Brooksville, FL 34604 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Roger H May **ROGER H MAY MANAGER** 1/14/08 813-3403890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #