

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # L99000001091 1. Entity Name F & R PROPERTIES, LC	
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Principal Place of Business 514 SW 2ND AVE OCALA, FL 34474	Mailing Address 514 SW 2ND AVE OCALA, FL 34474
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DO NOT WRITE IN THIS SPACE



01262007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3568760	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DULIN, RACHEL Z 514 SW 2ND AVE OCALA, FL 34474

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IN THIS SPACE**

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 _____

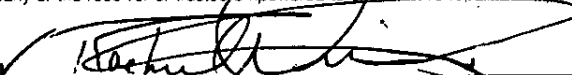
**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DULIN, RACHEL Z 514 SW 2ND AVE OCALA, FL 34474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DULIN, FREDERIC 514 SW 2ND AVE OCALA, FL 34474
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/20/07-80022-012 50.00

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IN THIS SPACE**

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: 	Jan 30, 07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	
Date Daytime Phone #	