

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 09, 2007 08:00 AM  
Secretary of State

DOCUMENT # M99000000288

1. Entity Name  
L & C INTERESTS, L.L.C.



Principal Place of Business

1 ROYAL 18TH  
SLIDELL, LA 70458

Mailing Address

1 ROYAL 18TH  
SLIDELL, LA 70458



01042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

72-1437674

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOONE, STEPHEN K  
1001 AVENIDA DEL CIRCO  
VENICE, FL 34284

**DO NOT WRITE  
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 \_\_\_\_\_

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CAPLAN, ROBERT A
STREET ADDRESS	3631 CANAL STREET
CITY-ST-ZIP	NEW ORLEANS, LA 70119

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-4-07 (504) 486 7766