


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 24, 2007 08:00 AM
Secretary of State

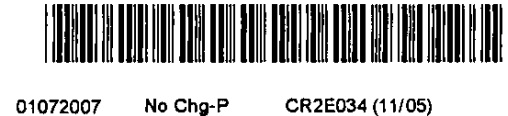
DOCUMENT # P01000080382

1. Entity Name
L & R FAMILY, INC.



Principal Place of Business 1402 HWY 31 S BAY MINETTE, AL 36507	Mailing Address 1402 HWY 31 S BAY MINETTE, AL 36507
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DO NOT WRITE IN THIS SPACE



01072007 No Chg-P CR2E034 (11/05)

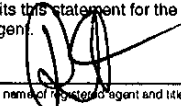
4. FEI Number 59-3736396	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PATEL, RASIK
1360 DINSMORE CT
NEW PORT RICHEY, FL 34655

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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: 4-20-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

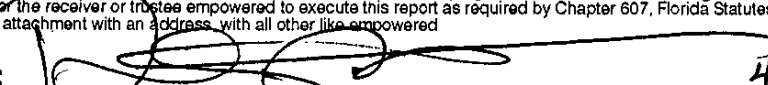
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS PATEL, RASIK 1360 DINSMORE CT NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PATEL, LATA 1360 DINSMORE CT NEW PORT RICHEY, FL 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DM PATEL, SUNNIE 1402 HWY 31 SOUTH BAY MINETTE, AL 38507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/04/07-80067-011 150.00

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

DATE: 4-20-07 DAYTIME PHONE #: 251-937-9521