

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020813

FILED
Jan 05, 2007
Secretary of State

Entity Name: R.J.'S INVESTMENT COMPANY A LIMITED LIABILITY COMPANY, L.L.C.

Current Principal Place of Business:

925 SE 20TH AVENUE
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

925 SE 20TH AVENUE
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 22-3877141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBER RASKIN, KATHLEEN M
9990 SW 77TH AVE. SUITE 311
MIAMI, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SEWNARINE, RAMRAJ
Address: 5322 N SPRING WAY
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGR () Delete
Name: SEWNARINE, KAMINI J
Address: 5322 N SPRING WAY
City-St-Zip: CORAL SPRINGS, FL 33076

Title: MGR () Delete
Name: SEWNARINE, RACHEL
Address: 5322 N SPRING WAY
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RAMRAJ SEWNARINE

MGRM

01/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date