

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 01, 2005 8:00 am**  
**Secretary of State**

02-01-2005 90118 033 \*\*\*\*50.00

<b>DOCUMENT # L03000037566</b>					
<b>1. Entity Name</b> RJ LLC					
<b>Principal Place of Business</b> C/O 1390 BRICKELL AVE., STE. 200 MIAMI, FL 33131			<b>Mailing Address</b> C/O 1390 BRICKELL AVE., STE. 200 MIAMI, FL 33131		
<b>2. Principal Place of Business</b> 20708 BISCAYNE BLVD. Suite, Apt. #, etc. AVENTURA, FL City & State		<b>3. Mailing Address</b> 20780 BISCAYNE BLVD. Suite, Apt. #, etc. AVENTURA, FL City & State			
Zip 33180		Country		01262005    Chg-LLC    CR2E083 (10/03)	
4. FEI Number 41-2115721		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ALVARO CASTILLO B., P.A. 1390 BRICKELL AVE., STE. 200 MIAMI, FL 33131			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORENO, RICARDO 1390 BRICKELL AVE., STE. 200 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FASHKA, JACQUELINE 1390 BRICKELL AVE., STE. 200 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORENO, RICARDO 21055 YACHT CLUB DR. #1705 AVENTURA, FL. 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FASHKA, JACQUELINE 21055 YACHT CLUB DR. #1705 AVENTURA, FL. 33180	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE: X</b>		<b>RICARDO MORENO, MGR. 01/29/05    305-933-9915</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	