


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000049332	
1. Entity Name RJB INSURANCE LLC	

Principal Place of Business 516 LAKEVIEW ROAD, VILLA III CLEARWATER, FL 33756	Mailing Address 516 LAKEVIEW ROAD, VILLA III CLEARWATER, FL 33756
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DO NOT WRITE IN THIS SPACE



03202008No Chg-LLC CR2E083 (12/07)

4. FEI Number 41-2201648	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BANKS, ROBERT J
 516 LAKEVIEW ROAD, VILLA III
 CLEARWATER, FL 33756

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000896210
 04/24/08-80098-021 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBERT J. BANKS HOLDINGS, LLC 516 LAKEVIEW ROAD, VILLA III CLEARWATER, FL 33756
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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: *RJB* 4/9/08 727 258 8930

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