


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State

04-21-2008 90323 047 ***138.75

DOCUMENT # L07000060560
 1. Entity Name
 RJT OF POLK COUNTY, LLC



Principal Place of Business
 801 CR630 WEST
 FROSTPROOF, FL 33843

Mailing Address
 801 CR630 WEST
 FROSTPROOF, FL 33843

30009346



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03172008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0368559

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
WISE, JAMES A
801 CR830 WEST
FROSTPROOF, FL 33843

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 reappointing) DATE _____

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Partner <input type="checkbox"/> Delete Rudy A. wise 801 CR 630 W Frostproof, FL 33843
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Partner <input type="checkbox"/> Delete Tony D. wise 33843 680 Keen Rd Frostproof, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Partner <input type="checkbox"/> Delete James A. wise Lake Wales 1438 Morningside Dr, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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
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
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 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: James A. wise James A. wise 4-17-08 (863) 287-9165
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #