


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M95000000047 1. Entity Name RJ-CONTRARIAN, LLC	
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Principal Place of Business 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716	Mailing Address 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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04182008 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3307717	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MATECKI, PAUL L 880 CARILLON PARKWAY ST. PETERSBURG, FL 33716
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7. Name and Address of New Registered Agent Name: CT Corporation System Street Address: 1200 South Pine Island Road City: Plantation, FL 33324

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: Barbara A. Burke Title: Special Assistant Secretary Date: 4/30/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR <input type="checkbox"/> Delete
NAME	BERG, JEFFREY
STREET ADDRESS	200 FIRST AVENUE, STE. 201
CITY-ST-ZIP	ST. PETERSBURG, FL 33701
TITLE	MGR <input type="checkbox"/> Delete
NAME	WHALEY, FRED
STREET ADDRESS	880 CARILLON PKWY.
CITY-ST-ZIP	ST. PETERSBURG, FL 33716
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS / CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000129218540
 05/13/08--01028--011 ***138.75

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: Fred Whaley / **FRED WHALEY** Date: 4/28/08 Daytime Phone #: 727-567-3800

FILED
 08 MAY -1 AM 8:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

