2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2008

FILED Mar 10, 2008 08:00 A Secretary of State DOCUMENT # A0000000515 1. Entity Name THE RJB FAMILY LIMITED LIABILITY PARTNERSHIP Principal Place of Business Mailing Address #3 OCEANS WEST BLVD PO BOX 238417 PORT ORANGE FL 32123 DAYTONA BEACH SHORES FL 32118 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E003 (10/07) City & State City & State 4. FEI Number Applied For 59-3637708 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and, Address of New Registered Agent Name CAUVEL, HOWARD Street Address (P.O. Box Number is Not Acceptable) 233 E RICH AVENUE DELAND FL 32724 City 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 | Signature, rivoed or printed name of registeras agent and their applicable DATE FILE NOW!!! Fee is \$500: *** After May 1, 2008, fee will be \$900 *** Make check payable to Florida Department of State A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY DOCUMENT ≢ STREET ADDRESS NAME BEAUREGARD, RICHARD J TRUSTEE STREET ADDRESS #3 OCEANS WEST BLVD UNIT 5C5 0000000854324 CITY-SI-7P 03/27/08-80003-010 500.00 CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS DESIGN. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CHTY - ST- ZIP

SIGNATURE:

14. I hereby certify that the information indicated on this report is true and or the receiver or trustee empowers

CHECK HERE

STAPLE

NRE AND WIPE OF PRINTED NAME OF SIGNING GENERAL PARTNER

RICHARD BEAURE GARD 3/5/08

blied with this Itling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information rate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership exports as reguired by Chapter 620, Florida Statutes.

(386)801-2449

Daviene Plana #